County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1964

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER

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Medical Officer of Health
Principal School Medical Officer

Wm. Dresser & Sons Ltd., Crown Street, Darlington.

CONTENTS.

ANNUAL REPORT, 1964

To The Chairman and Members
of The Health Committee.

Mr. Chairman, Councillor Mrs. Raine and Gentlemen,

I have the honour to present my Annual Report for 1964, my sixteenth complete year of service as your Medical Officer of Health.

Statistically there are some good things to note, outstandingly the improvement in the infant mortality rate from 23.2 to 21.9 per 1,000 live births, with the largest improvement in the neonatal mortality rate (first 4 weeks) and early neonatal mortality rate (under 1 week) from 18.3 to 14.4 per 1,000 live births and from 16.4 to 13.0 per 1,000 live births respectively. This most emphatically is a move in the right direction, but we cannot of course congratulate ourselves prematurely on the figures for one year alone and in any case the infant mortality rate is too high. Infectious diseases in general remained very low and showed little by way of complications, illustrating once again how very successful preventive medicine has been in this field, though incidents in other localities serve to demonstrate that the price of freedom from infectious illness is constant vigilance. Infective hepatitis remained notifiable and a rather high incidence of the disorder was recorded in the last quarter of the year, though all patients were only mildly ill and admissions to hospital negligible. Degenerative neoplastic diseases still showed an increasing incidence, to some extent inevitable having regard to the change in age population, but still too frequent and manifesting themselves at too young an age. As compared with 106 deaths from ischaemic disease of the heart (coronary thrombosis) in 1963, there were 128 deaths in 1964, and as compared with 42 deaths from cancer of the lung there were 62 in 1964. Comparatively speaking, deaths from pneumonia and bronchitis were 124 in both years and there were 7 deaths from respiratory tuberculosis in 1964, as compared with 8 in 1963. Adverting now to age at death, 35 of the 62 deaths from cancer of the lung took place under 65 years of age and 47 of the 128 deaths from coronary thrombosis.

Loss of life during working age should clearly be prevented, whatever the cost, as much, of course, from accidents as from disease, and where degenerative and neoplastic diseases are concerned, when causative factors have been isolated the need to avoid or eliminate them is outstanding. Smoke polluted air drawn into the lungs, whether from tobacco or from remoter combustion, is one factor in the origin of cancer of the lung and preventive medicine may approach the problem along two lines of action, by persuading the individual to refrain from smoking, and by lessening or eliminating the pollution of the atmosphere by industrial and domestic smoke. Reference is made to health education on other pages and it has to be admitted that the right technique for rendering the habit of smoking unfashionable has not yet been found. On the other hand, the purification of the air in respect of domestic and industrial smoke should be as straightforward a project as the provision of a pure water supply, which last is nowadays taken for granted. Where Darlington is

concerned, industrial smoke is not a considerable problem in spite of the aesthetic offence given by at least one factory. Domestic smoke is largely derived from open fires for space heating, since cooking is almost entirely carried out by gas or electricity in all homes. The open coal fire has a long tradition of popularity in this country as forming the focal point of a room, but this is a matter of habit and in these days, when the focal point in many rooms has become the television set, the loss of status of the coal fire should make its elimination as a source of warmth the easier. It is obvious, of course, that a realistic clean air policy must entail the availability of smokeless fuels, but a forward-looking policy in respect of clean air is one of those things to be expected of this Council.

Another benefit within the field of environmental hygiene is the fluoridation of our water. You will remember how this was so nearly achieved ten years ago and I would like to remind you all that fluoride is a natural content of the vast majority if not of all waters, and all that you would be doing would be to increase the concentration of this natural radical to an amount sufficient to render teeth less liable to caries. Here again, environmental control and health education must march hand in hand, because neglected teeth will decay whether the water has an adequate fluoride content or not, but in the former situation the enamel and dentine are more resistant to caries and so with due attention to diet and teeth-cleaning, caries will be avoided.

The question of diet is also one where health education needs to be applied personally by every citizen for him or herself and for their family. Whereas in the world in general the problem is of insufficient food, in the so-called affluent societies of North-west Europe and North America too much food tends to be eaten for the demands of work and activity; hence follow obesity, degeneration of the arteries, diabetes, arthritis of the joints, ischaemic heart disease and other misfortunes. I do not think it will be difficult to convince you, if indeed conviction were necessary, that in spite of the control of infectious diseases a great deal still needs to be done to secure the best possible health for the whole population.

When from time to time I call your attention to the continued deplorable state of the Health Department there is a certain tendency to regard it as a joke. In actual fact it is a very bad thing for the public image of the Health Department and hence of the Corporation, and, while the quality of the work carried out by the persons involved is the highest consideration, where these work when they are appointed cannot help having an adverse effect, if only by discouragement, and it also has an extremely bad influence on the recruiting of staff, either for replacements or increasing your establishment to meet your ever enlarging obligations.

These introductory remarks have only dealt with a small part of the many and growing responsibilities of the Health Department and my aim has been to give you some indication of what I would regard as avenues for development in the immediate future. I have not touched upon your needs under the section of mental health, though these are extremely pressing, and reference is made to them in the appropriate place in the body of the Report; nor have I dealt with such matters as Offices, Shops and Railway Premises Act, which, becoming law during the year, and placed by resolution of the Council upon the Health Department to implement, has not yet been adequately dealt with,

simply on account of lack of staff. As I ventured to tell you last year, services cannot be obtained unless one is prepared to pay for them.

The continuing success of the Health Department in keeping abreast in most fields of contemporary activity, and only falling behind when it is simply impossible to attend to perhaps less urgent matters, remains due, as hitherto, to the zeal and devotion of your staff. I cannot emphasise too often as your executive officer that they are *your* staff, carrying out functions for which *you* are responsible, and in giving them the very best you can, such as the highest salaries possible to pay and the best possible office and other accommodation you are honouring yourselves, while in so far as you deny them you do yourselves dishonour.

I continue to be,

Your obedient Servant,

JOSEPH V. WALKER,
Medical Officer of Health.

Health Department,
Feethams,
Darlington.

Tel. No. Darlington 5218.

MEMBERS OF THE HEALTH COMMITTEE

(at 31st December, 1964)

The Mayor (Alderman F. Stephenson).

Alderman A. J. Best, O.B.E., J.P. (Chairman)	Councillor J. Davies.
„ A. M. Porter.	„ E. R. Hall
Councillor J. E. Angus, J.P. (Vice-Chairman).	„ J. Hughes.
„ A. E. Burley.	„ C. Hutchinson.
„ H. Carr, J.P.	„ R. Kitching.
	„ S. P. Oliver.
	„ Mrs. G. W. Raine.

Co-opted Members : Mr. K. Girgis, F.R.C.S.
Dr. V. G. Crowley.

STAFF

Medical Officer of Health and Principal School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	Winifred Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	Elaine Marion Osborne, M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H.
	John Lumsdaine Stewart, M.B., Ch.B. (from 1/7/64).
	William E. Hutchinson, O.B.E., M.D., D.P.H. (Locum till 30/6/64).
Chest Physician (part-time) ...	Gilbert Walker, M.B., Ch.B., M.R.C.P., D.P.H.
Consultant Venereologist	Edward Campbell, M.B., Ch.B., D.P.H.
Assistant Medical Officer for Child Welfare (part-time)	Mrs. Jean Dubberley, M.B., Ch.B.
Principal School Dental Officer ...	J. McAra, L.D.S.
School Dental Officer	P. Waterfall, L.D.S.
Public Analyst	W. G. Carey, F.R.I.C.
Chief Public Health Inspector ...	F. Ward [1 2 3]
Deputy Chief Public Health Inspector	J. R. White [1 2 3]
Public Health Inspectors	A. F. Theakston [1 2 2a] (died 10/2/64)
	J. E. Harris [1 2]
	R. E. Hinds [1 2]
	W. C. Robson [1 2]
	K. Dixon [1 2]
Pupil Public Health Inspectors ...	D. G. Willson
	D. M. Wood
Housing Inspector	S. R. Blackbourn

Superintendent Health Visitor and School Nurse	Miss E. Winch [4a 5 6 7 8]
Health Visitor/School Nurses ...	Mrs. E. Allan [4a 5 6]
	Miss D. Smith [4a 5 6]
	Mrs. D. Barry [4a 5 6]
	Miss E. Jackson [4a 5 6]
	Mrs. M. D. Whalen [4a 5] (Part I)[6]
	Mrs. C. H. Ellis [4a 5 6]
	Miss D. Owen [4a 5] (Part I) [6]
	Mrs. M. Crisp [4a 5 6 8]
	Mrs. J. M. Preston [4a 5 6]
	Mrs. J. Robinson [4a 5 6] (from 1/8/64)
	Mrs. R. A. Nicol [4a 5 6] (from 1/8/64)
Student Health Visitors	Mrs. J. Robinson [4a 5] (till 31/7/64)
	Mrs. R. A. Nicol [4a 5] (till 31/7/64)
	Mrs. D. G. Glanfield [4a5] (from 1/10/64)
	Miss A. B. Russell [4a 5] (from 1/10/64)
	Miss J. M. Rutter [4a 5] (from 1/10/64)
Temporary Assistant Health Visitor/ School Nurses	Mrs. D. .G. Glanfield [4a 5] ((till 30/9/64)
	Miss A. B. Russell [4a 5] (from 16/3/64 to 30/9/64)
	Miss J. M. Rutter [4a 5] (from 16/3/64 to 30/9/64)
	Mrs. M. Lord [4a] (from 21/9/64)
Tuberculosis Health Visitor ...	Miss A. Thornton [4a 5 6] (retired 30/1/64)
Superintendent Midwife and District Nurse	Miss C. Beckett [4a 5 8]
District Midwives	Miss E. Shaw [5]
	Mrs. O. M. Johnston [4a 5]
	Mrs. G. Popple [4a 5]
	Mrs. E. W. Lindow [4a 5]
	Miss C. Harrison [4a 5] (till 30/6/64)
	Miss A. M. Pratt [4a 5] (from 1/8/64)
District Nurses : Full-time	Miss M. Gill [4a 8]
	Miss M. Rodber [4a 5 8]
	Mrs. J. Beachim [4a 5]
	Mrs. A. Pottage [4a 4b]
	Mrs. J. Rutland [4a 5]
	Mrs. N. Bennett [4a]
	Mrs. M. T. Williamson [4a]
	Mrs. A. E. Connor [4a] (till 30/11/64)
	Mrs. S. Pratt [4a 5]
	Miss E. Cruickshank [4a 5 8] (from 2/11/64)
Part-time	Mrs. G. Anderson [4a]
	Mrs. T. Smelt [9]
	Mrs. A. E. Smith [4a] (from 2/1/64)
Chief Clerk	Hugh R. Kirk

Clerical Staff	... I. Burnley (Senior Clerk) K. Watson W. Brown E. Nelson (from 14/12/64) Miss G. W. Ruecroft (Senior Female Clerk) Miss M. Spence Mrs. J. Wilson Mrs. D. Moore Miss P. Raper (till 30/9/64) Mrs. D. Porritt (née Lamb) Miss A. Lumb Mrs. M. Nicholson Miss S. M. Ashton Miss J. Walton (till 6/1/65) Miss E. Daynes (from 21/9/64)
Chief Mental Welfare Officer ...	... C. W. Price
Mental Welfare Officers ...	... S. McAulay M. Duddin Mrs. G. Sullivan
Junior Training Centre Supervisor	... Mrs. J. Paxton
Asst. Supervisors	... Mrs. M. Kirk Mrs. M. J. Eglington Mrs. M. E. Gordon Miss K. E. Walmsley (from 7/9/64)
Training and Industrial Centre—	
Supervisor	... D. Sams
Instructors	... J. W. Coatsworth A. C. Robinson (from 6/4/64)
Short Stay Hostel—Warden ...	... N. H. P. Todd
Registrar of Births, etc. ...	... J. N. Tomlinson
Rodent Operative	... W. Calvert
Disinfector	... W. Hunter

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
2a. Certificate of Royal Sanitary Institute for Smoke Inspection.
3. Associate of Royal Society for Health.
4. State Registered Nurse : (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nursing.
8. Queen's Institute of District Nursing Certificate.
9. State Enrolled Asst. Nurse.

PART I

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6463.

Resident population (Registrar General's estimate, 1964)—84,320

Resident population (last census 1961)—84,178

Density of population per acre—13.

Percentage increase on last census population—.17%.

Inhabited houses (at 1st April, 1965):

(a) Dwelling houses	27,405
(b) Dwelling houses and shops	503
(c) Licensed premises	66
Total ...	27,974

Rateable value (at 1st April, 1965)—£3,650,734.

Sum represented by 1d. rate (at 1st April, 1965)—£14,900.

Relating to Mothers and Infants:

Live births—1,463 (Male—738, Female—725).

Live birth rate per 1,000 population—17.3.

Stillbirths—27.

Stillbirths rate per 1,000 live and stillbirths—18.1.

Total live and stillbirths—1,490.

Infant deaths—32.

Infant mortality rate per 1,000 live births—Total	21.9
„ „ „ „ „ „ „ —Legitimate	22.2
„ „ „ „ „ „ „ —Illegitimate	18.2

Neonatal mortality rate (first four weeks) per 1,000 live births—14.4.

Early Neonatal mortality rate (under one week) per 1,000 live births—13.0.

Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)—30.9.

Illegitimate live births per cent. of total live births—7.5%.

Maternal deaths (including abortion)—1.

Maternal mortality rate per 1,000 live and stillbirths—0.68.

Relating to Death:

Deaths from notifiable infectious diseases (other than tuberculosis)—2.

Deaths from gastro-enteritis (under 2 years)—1.
„ „ respiratory tuberculosis—7.
„ „ non-respiratory tuberculosis—1.
„ „ cancer—219 (Cancer of the lung—62).
„ „ circulatory diseases—499 (Coronary thrombosis—128).
„ „ pneumonia and bronchitis—124.
„ „ violent causes—46.

Deaths of persons 65 years and over—69.0% of all deaths.

Deaths of persons 75 years and over 43.9% of all deaths.

Inquests held—46.

Uncertified deaths—0.

Deaths in institutions—558 including 105 in institutions outside the Borough. (This is equivalent to 54.4% of all deaths compared with 50.6% in 1963).

Death rate per 1,000 population—12.8.

Total deaths—1,082 (Males—557, Females—525).

Natural increase of population—381.

TABLE I

Comparable Table of Vital Statistics, 1944—1964

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar-lington	England & Wales	Dar-lington	England & Wales	Dar-lington	England & Wales
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,460	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.4
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.6	11.9	11.7	34.0	23.7
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.1
1958	83,170	16.1	16.4	12.3	11.7	28.3	22.6
1959	83,300	15.9	16.5	12.2	11.6	27.9	22.0
1960	83,660	16.6	17.1	12.8	11.5	26.5	21.9
1961	84,050	17.1	17.4	12.6	12.0	29.8	21.6
1962	84,400	17.1	18.0	12.2	11.9	20.0	21.4
1963	84,210	16.9	18.2	12.5	12.2	23.2	21.1
1964	84,320	17.3	18.5	12.8	12.1	21.9	21.1

* Rate per Thousand

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II

Deaths occurred from the following causes :—

CAUSE / WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	Total	Inward Transfers	Grand Total
1 Tuberculosis, respiratory	...	4	...	...	...	1	...	1	...	1	...	7	...	7
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
3 Syphilitic disease ...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
4 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	1	...	...	...	...	...	...	...	...	...	1	...	1
10 Malignant neoplasm, stomach	1	2	1	4	1	1	1	3	1	2	2	19	7	26
11 ,, lung, bronchus	2	5	3	2	4	1	5	3	4	9	8	46	16	62
12 ,, breast...	...	1	4	2	3	...	...	2	...	...	4	16	...	16
13 ,, uterus...	...	...	...	...	...	...	...	...	...	2	2	4	1	5
14 Other malignant and lymphatic neoplasms	7	4	6	14	14	10	1	15	7	8	11	97	13	110
15 Leukaemia, aleukaemia	2	...	1	...	...	...	...	...	...	...	...	3	...	3
16 Diabetes	1	1	1	1	...	...	1	...	2	...	...	7	1	8
17 Vascular lesions of nervous system...	8	11	5	11	13	9	16	11	13	9	16	122	25	147
18 Coronary disease, angina	7	8	11	7	11	16	10	11	10	12	19	122	6	128
19 Hypertension with heart disease...	...	1	...	...	...	...	...	...	...	...	...	1	...	1
20 Other heart disease ...	3	7	5	7	12	4	7	2	5	3	13	68	10	78
21 Other circulatory disease	10	7	7	10	14	7	9	14	12	20	19	129	16	145
22 Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Pneumonia	1	5	3	5	7	3	4	4	2	6	7	47	3	50
24 Bronchitis	6	7	4	2	7	3	6	12	6	10	10	73	1	74
25 Other diseases of respiratory system...	1	...	1	...	...	1	...	...	...	...	...	3	1	4
26 Ulceration of the stomach or duodenum	...	1	...	1	1	...	...	...	...	1	...	4	...	4
27 Gastritis, enteritis and diarrhoea	...	1	...	...	...	...	...	...	1	2	...	4	...	4
28 Nephritis and nephrosis	...	1	2	...	1	...	2	...	...	1	1	8	3	11
29 Hyperplasia of prostate	...	1	1	1	...	...	...	...	...	...	1	4	...	4
30 Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	1	...	1	...	1
31 Congenital malformations ...	1	...	...	...	...	1	...	2	...	1	...	5	3	8
32 Other defined and ill-defined diseases ...	7	15	10	13	13	9	10	10	9	14	17	127	10	137
33 Motor vehicle accidents	1	1	...	...	3	...	1	1	...	3	...	10	2	12
34 All other accidents ...	...	3	1	...	4	...	...	1	1	...	6	16	4	20
35 Suicide	2	2	...	...	2	3	1	1	...	...	2	13	1	14
36 Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	60	89	66	80	110	69	75	93	73	105	139	959	123	1082

TABLE III

Deaths occurred at the following ages :—

	CAUSE	YEARS								
		0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1	Tuberculosis, respiratory ...	...	...	...	...	...	1	5	1	...
2	Tubereulosis, Other ...	...	...	...	...	...	...	1	...	...
3	Syphilitie disease	...	...	...	...	...	1	...	...	...
4	Diphtheria	...	...	...	...	...	...	...	...	...
5	Whooping eough	...	...	...	...	...	...	...	...	...
6	Meningoeoeeal Infeetions ...	...	...	...	...	...	...	...	...	...
7	Aeute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8	Measles	...	...	...	...	...	...	...	...	...
9	Other Infective and parasitic diseases...	...	...	...	...	...	...	...	1	...
10	Malignant neoplasm, stomach...	...	...	...	...	...	2	6	9	9
11	,, ,, lung, bronehus	...	...	...	...	1	...	34	22	5
12	,, ,, breast ...	...	...	...	...	...	2	9	3	2
13	,, ,, uterus ...	...	...	...	...	...	...	2	2	1
14	Other malignant and lymphatie neoplasms...	...	...	...	2	3	3	31	29	42
15	Leukaemia, aleukaemia ...	...	...	...	...	...	...	1	1	1
16	Diabetes	...	...	...	...	...	...	3	3	2
17	Vaseular lesions of nervous system...	...	...	...	...	...	2	18	33	94
18	Coronary disease, angina ...	...	...	...	...	...	6	41	49	32
19	Hypertension with heart disease...	...	...	...	...	...	...	...	1	...
20	Other heart disease ...	...	...	...	...	...	1	18	15	44
21	Other eireulatory disease...	...	...	...	...	...	1	29	42	73
22	Influenza	...	...	...	...	...	...	...	...	...
23	Pneumonia	3	...	...	...	1	1	5	13	27
24	Bronehitis	1	...	...	...	...	1	16	19	37
25	Other diseases of respiratory system...	...	...	...	...	...	...	1	2	1
26	Uleeration of the stomaeh or duodenum...	...	...	...	...	...	...	1	1	2
27	Gastritis, enteritis and diarrhoea...	1	...	...	...	...	...	...	1	2
28	Nephritis and nephrosis ...	...	...	...	...	...	...	3	2	6
29	Hyperplasia of prostate ...	...	...	...	...	...	...	...	2	2
30	Pregnaney, ehildbirth, abortion...	...	...	...	..	...	1	...	...	...
31	Congenital malformations	6	...	2	...	...	...	...	...	...
32	Other defined and ill-defined diseases...	21	1	1	...	...	3	18	16	77
33	Motor vehiele aeeidents ...	...	...	...	1	7	2	...	...	2
34	All other aeeidents ...	...	...	...	2	1	2	2	1	12
35	Suieide	...	...	...	...	...	3	6	3	2
36	Homieide and operations of war...	...	...	...	...	...	...	...	...	...
	TOTALS ...	32	1	3	5	13	32	250	271	475

TABLE IV

1964 Cancer Deaths—Parts of Body Affected

Parts Affected	under 35		35–45		45–55		55-65		65–75		75 and over		Total		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	...	...	...	1	...	...	...	...	...	...	2	1	2	1.4
Gastro Intestinal	1	...	3	1	2	4	12	5	16	12	16	25	50	47	44.3
Genito Urinary ...	...	...	...	...	1	2	...	4	3	6	2	3	6	15	9 5
Breast	...	...	...	2	...	4	...	5	1	2	...	2	1	15	7.3
Bones	1	...	...	...	...	...	1	1	...	1	1	...	3	2	2.3
Glands	...	1	...	...	...	1	...	...	1	...	...	...	1	2	1.4
Thorax	1	...	...	...	8	1	22	3	20	2	2	3	53	9	28.3
Skin, etc.	1	...	...	...	...	...	1	1	...	2	...	2	2	5	3.2
Brain	...	1	...	1	2	...	...	...	...	...	1	...	3	2	2.3
Total	4	2	3	4	14	12	36	19	41	25	22	37	120	99	100.0

TABLE V

Seasonal Incidence of Deaths Under 1 Year, 1964

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
ALL CAUSES	7	7	6	12	32
Influenza	...	...	...	...	...
Measles	...	...	...	...	...
Whooping Cough	...	...	...	..	...
Bronchitis	...	...	1	1	2
Pneumonia (all forms)	2	...	...	1	3
Meningitis (not T.B.)	...	...	...	...	...
Gastro-Enteritis	...	...	...	2	2
Injury at Birth	...	2	...	2	4
Atelectasis	...	...	...	1	1
Congenital Malformations ...	3	2	1	...	6
Premature Births	1	2	3	5	11
Atrophy, Debility and Marasmus	...	...	...	...	...
Suffocation and Asphyxia... ...	...	...	...	...	...
Other Causes	1	1	1	...	3

TABLE VI

Infant Mortality, 1964

Net deaths from stated causes at various ages under one year of age.

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9–12 months	Total Deaths under 1 year
All Causes { Certified	19	...	...	2	21	3	5	2	1	32
All Causes { Uncertified	...	...	...	...	...	...	...	...	...	...
Influenza	..	...	...	...	...	...	...	...	...	...
Measles	.	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	1	1	...	2
Pneumonia (all forms)	...	...	...	...	...	2	1	...	...	3
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	1	1	...	1	...	...	2
Injury at Birth	4	...	...	...	4	...	...	...	...	4
Atelectasis	1	...	...	...	1	...	...	...	...	1
Congenital Malformations	2	...	...	...	2	1	2	1	...	6
Premature Birth	11	...	...	...	11	...	...	...	...	11
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	...	...	...	...	...	...
Other Causes	1	...	...	1	2	...	...	...	1	3
TOTAL	19	...	...	2	21	3	5	2	1	32

TABLE VII

Mortality among Children, 1-5 years and Children of School Age

Causes of Death	1	2	3	4	To'l 1–5	5	6	7	8	9	10	11	12	13	14	To'l 1–15
Drowning	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Struck by Motor Car	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Burns of body and limbs	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Cerebral Agenesis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Suppurative Arthritis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Perietal Spongroblastoma	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Status Epilepticus	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Fibrocystic disease of lung	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Cystic Pituitary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
TOTAL	1	2	...	1	4	...	...	...	...	3	...	...	...	...	2	9

PART II

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following two Tables are exactly the same in form as in previous years, showing the incidence of infectious diseases in the County Borough and the admissions to Hundens Unit of the Darlington Memorial Hospital from its catchment area, which includes an extensive rural surround to Darlington with the military establishments at Catterick. The distinction in Table VIII between 'C' and 'M', representing civilian and military, indicates the connection with service establishments, also including two of the R.A.F.

TABLE VIII

Incidence of Infectious Diseases

DISEASE	Borough Cases				Cases removed to and Deaths in Hundens Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	47	...	...	...	3	...	...	...	2	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	2	...	...	...	1	...	...	...	2	...	...	...
Erysipelas	2	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	5	...	...	...	1	...	...	...	...	...	...	...
Pneumonia	3	...	50	...	...	...	...	...	...	...	...	...
Measles	669	...	...	...	14	...	1	...	6	...	...	...
Respiratory Tuberculosis ...	28	...	7	...	18	...	...	...	15	...	...	...
T.B. Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	3	...	1	...	...	...	...	...	...	...	...	...
Whooping Cough	60	...	...	...	1	...	...	...	...	...	...	...
Infective Encephalitis ...	1	...	...	...	1	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	7	...	...	...	1	...	...	...	...	...	...	...
Food Poisoning	8	...	...	...	1	...	...	...	1	...	...	...
Infective Hepatitis	52	...	...	...	2	...	...	...	1	...	...	...
Other Conditions	134	...	...	...	125	...	9	...	44	...	3	...
Para-Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	1021	...	58	...	168	...	10	...	71	...	3	...

TABLE IX

1964—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	Total
Scarlet Fever	1	4	4	5	1	...	2	11	13	4	2	47
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	9	2	2	3	4	4	1	9	18	5	3	60
Measles	88	63	74	30	62	14	54	85	134	20	45	669
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...
Infective Encephalitis ...	...	...	...	...	...	...	...	1	...	...	...	1
Meningococcal Infection ...	...	...	...	1	...	...	...	...	...	1	...	2
Pneumonia	...	1	...	...	...	1	1	...	...	...	...	3
Infective Hepatitis	1	1	4	...	6	4	5	7	12	7	5	52
Erysipelas	...	...	...	...	...	...	...	...	1	1	...	2
Puerperal Pyrexia	...	...	...	5	...	...	...	...	...	...	...	5
Ophthalmia Neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	1	...	...	2	1	...	...	...	...	...	3	7
Food Poisoning	...	1	...	1	...	...	...	3	2	...	1	8
Others	14	6	15	8	11	9	11	24	27	5	4	134
Respiratory Tuberculosis ...	1	2	7	1	1	1	2	3	7	...	3	28
Non-Respiratory Tuberculosis	...	...	1	...	...	...	...	...	1	1	...	3
Total	115	80	107	56	86	33	76	143	215	44	66	1021

Commentary

As the figures in the foregoing Tables show, there was very little of an outstanding nature where infectious diseases were concerned during 1964. There was less measles than during the previous year (669 patients as compared with 1,204), but more infective hepatitis (52 patients as compared with 6). As you will remember, this last disease is locally notifiable, the Ministry of Health consenting to this request on the understanding that some observations and if possible research should be made into the incidence and characteristics of the disease. Your Medical Officer of Health would be interested to undertake liver function tests in a fair number of these patients because he is of the opinion that more damage to the liver may be found than the severity of symptoms for the most part would indicate, though this intuition can only be confirmed or disproved by objective scientific enquiry. Such research can best be conducted in hospital and of the 52 notified patients sown in Table VIII only 1 was admitted to hospital, and he because he was a resident house officer there. Of these 52 patients, details are available for 49. As usual, all the cases were mild, but it has to be remembered that occasionally fatal cases occur and others where damage to the liver is incurred which only reveals itself years later. The following Table shows the distribution of patients according to age and sex during the four quarters of the year, from which it will be apparent that the majority of cases occurred in the fourth quarter, when also pre-school and school children predominated.

TABLE IXB

	1st Quarters		2nd Quarters		3rd Quarters		4th Quarters		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Pre-school and school children	1	—	1	—	1	2	13	6	16	8
Adults (15 yrs. and over	2	5	2	3	1	4	2	1	7	13
Elderly (60 yrs. and over	1	—	—	1	1	—	2	—	4	1
Totals ...	4	5	3	4	3	6	17	7	27	22

Significant clues of how infections spread were remarkably few. Four patients of school age attended a particular school, but as 2 of them came from the same household we may assume that they had a common source of infection. Three patients from scattered home addresses attended another school and two more schools each had 2 patients among their pupils. Both from schools and from home addresses the majority of patients were from the south-eastern sector of the town, 39 of them coming from what may be called average home circumstances, 13 being Council tenants, 6 from somewhat above average socio-economic background and 4 from a less satisfactory background. This scattered incidence, with small discernible connection between individual cases, strongly favours a high incidence of symptomless carriers and those who have studied the matter describe with confidence a form of the disease where in fact jaundice never develops and hence without complicated virological investigation a certain diagnosis will very rarely be made. This, of course, is a situation common with other virus diseases and so very noticeable in respect of poliomyelitis, though fortunately it is noticeable no longer since in 1964 no case of this disease was diagnosed. When the year ended the epidemic of infective hepatitis was still existing and your Medical Officer of Health may hope to return to the subject next year.

Returning to Table VIII, it will be observed that 134 patients were described as "Other Conditions". As in previous years a large proportion of these were digestive upsets among children who were admitted to hospital to avoid dangerous dehydration and electrolite disturbance caused by vomiting and diarrhoea, which can be just as fatal to a small child whether it arises from an infection or indiscretions of feeding.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY

Your Medical Officer of Health is again indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Dr. Walker writes as follows:

"No major changes were made in 1964 and the arrangements for dealing with chest diseases including tuberculosis. The number of new notifications of respiratory tuberculosis and the comparable figures for preceding years were as follows:

1960	...	...	45
1961	...	...	35
1962	...	...	33
1963	...	...	35
1964	...	...	28

"The 1964 figure includes one man in whom Myco. Kansasii was the only organism isolated and therefore the diagnosis of respiratory tuberculosis was not confirmed. Of the remaining 27 patients, 16 were over 45 years old. In 7 men and 6 women tubercle bacilli were present in the sputum and these patients were therefore potential sources of infection to their family and social contacts and in need urgently of isolation and treatment. Of the 13 sputum positive cases 4 were classified as early, 3 as moderately advanced and 6 as far advanced, according to the degree and extent of lung damage.

"The downward trend in incidence of tuberculosis has continued and the 1964 figures represent one new case for every three thousand of the population of Darlington, as compared with one new case for every nine hundred of the population in 1950. There appears to be no reason to expect any change in this favourable trend and indeed in the next ten years or so when the cumulative effect of B.C.G. vaccination in the school population reaches its maximum, the clinical case of tuberculosis will be a rarity.

"As the incidence of the disease declines it becomes most important that new cases should be ascertained and treated at the earliest moment and also the level of immunity in the community must be well maintained so that each new case does not give rise to a number of secondary cases.

"The facilities of the chest clinic must continue to be used, not only for diagnosis and control of treatment but also for the long-term supervision of persons who have been treated so that a relapse may be detected and treated promptly.

"In 1964 as in the previous few years it has been possible to arrange immediate admission to hospital of all patients who were infectious and no waiting list was necessary. All newly diagnosed patients were offered in-patient treatment for the initial period until the prescribed course of injections was completed. In this way all sources of infection were promptly isolated, thus enabling the examination and subsequent immunisation of contacts to be carried out safely. Beds were also available in the chest wards for relapsed pulmonary tuberculosis and non-tuberculous pulmonary diseases.

"Chemotherapy in hospital and later at home was the principal method of treatment and was prescribed on well established lines. Laboratory studies on each strain of organism were done either in the Public Health Laboratory at Northallerton or in the Tuberculosis Reference Laboratory in Cardiff. The reports from these laboratories were indispensable to good control of therapy.

"At the end of the year under review there were 7 patients in Darlington whose organisms were classified as resistant to one or more of the drugs used in chemotherapy.

"The thoracic surgery out-patient clinic was held as usual at six-weekly intervals and the consultant thoracic surgeon, Mr. E. Hoffman, dealt with new cases and also the supervision of post-operative cases. As mentioned in the Report for 1963, the use of surgery as a therapeutic measure in tuberculosis is becoming uncommon because of the success of medical treatment. The link with the thoracic surgical unit at Poole Hospital is most valuable for dealing with non-tuberculous disease.

"The arrangements for examining, skin-testing and vaccinating contacts with B.C.G. were carried out as before.

"My thanks are tendered to the staff of the Health Department for their helpful co-operation and in particular I am indebted to the Medical Officer of Health for his continued personal interest in the welfare of tuberculous patients and their families".

The following paragraphs relate to the work of the chest service in Darlington in 1964:

Administration

The Darlington administrative area for the chest service comprises Darlington County Borough and the surrounding urban and rural districts in the Counties of Durham and the North Riding of Yorkshire.

The arrangements were continued in 1964 whereby part of the clinical work including relief for sickness and annual leave was undertaken by Dr. M. Walton of Poole Hospital or by Dr. P. Ryan acting on his behalf. The liaison between the clinic and the thoracic unit in the hospital has substantially improved as a result.

The number of beds available to Darlington patients was unchanged, as follows:

	Male	*Female*
Hundens Unit, Darlington ...	14	11
Friarage Hospital, Northallerton	10	—
Poole Hospital, Nunthorpe ...	As required	

Notifications

The following Table shows the age and sex distribution of patients notified in 1964.

TABLE X

		0–4	5–14	15–24	25–34	35–44	45–54	55–64	over 65	Total
Respiratory ...	M.	—	—	1	4	2	3	9	—	19
	F.	1	1	1	1	1	1	2	1	9
Non-respiratory	M.	1	—	—	—	1	—	—	—	2
	F.	—	1	1	—	—	—	—	—	2

Deaths

There were 7 deaths from respiratory tuberculosis compared with 8 in 1963, 14 in 1962, 8 in 1961 and 11 in 1960. Five tuberculous persons died from causes other than tuberculosis.

Age and Sex Incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures for 1963.

TABLE XI

	15—25	—45	—65	65+	Total
Male	1 (4)	7 (5)	6 (13)	—(1)	14 (23)
Female	1 (3)	4 (2)	3 (2)	1 (—)	9 (7)
Children... ...	—	—	—	—	3 (1)
Total ...	2 (7)	11 (7)	9 (15)	1 (1)	26 (31)

Mass Radiography

The Middlesbrough Mass Radiography Unit continued to visit Darlington the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practitioners, factories, shops, offices and other interested parties and to organise publicity and the system of appointments.

TABLE XII

Number of PERSONS X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examinations and the Abnormalities discovered.

Examinee Group		Miniature Films taken	To Chest Clinic	Pulmonary Tuberculosis			Non-Tuberculous Abnormalities								
				Requiring treatment	Requiring supervision	Healed no further action	Pleural abnormalities	Bronchiectasis	Pneumonia	Cardiac abnormalities	M'lign'nt Neoplasm	Misc.	Normal	Failed to attend Clinic	Still under investigation
Public Sessions ...	M.	1,887	45	6	1	3	1	2	4	4	6	7	10	1	—
	F.	1,763	37	3	1	5	4	—	5	10	1	3	5	—	—
Factory Surveys ...	M.	824	9	—	—	4	2	—	—	—	—	1	1	1	—
	F.	924	3	—	—	—	—	—	—	—	—	1	2	—	—
Others ...	M.	3	—	—	—	—		—	—	—	—	—	—	—	—
	F.	90	4	—	—	1	—	—	1	—	—	1	1	—	—
Totals ...		5,491	98	9	2	13	7	2	10	14	7	13	19	2	—

B.C.G. Vaccination at Contact Clinic

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 87 new contacts were tuberculin tested and 102 vaccinated with B.C.G. including 15 babies who were vaccinated without the preliminary skin test. These figures are additional to those in the scheme for vaccinating school children operated by the staff of the Health Department.

Care Work

The Darlington Tuberculosis Care Committee, which is a voluntary committee subsidised by the Corporation, has for long undertaken the care and after-care of tuberculous families and published annually a report of its activities. The changing pattern of tuberculosis and the large scope for preventive and care work in chest diseases other than tuberculosis have led the Committee to extend the scope of its work and we have at times called upon it for help in non-tuberculous cases.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician with a view to appropriate action for securing priority in rehousing.

In suitable cases the help of the Disablement Resettlement Officers of the Ministry of Labour was enlisted to obtain vacancies for rehabilitation and vocational training of tuberculous persons.

Patients on the Register

On 31st December, 1964, there were 186 Darlington patients on the Chest Clinic register compared with 209 in 1963, suffering from respiratory tuberculosis.

There were 33 respiratory patients written off as "recovered".

The following Table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B), and the extent of the disease namely : (1) early, (2) moderately advanced and (3) advanced.

TABLE XIII

Age Group	A.1		A.2		A.3		B.1		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	1	1	—	1	—	—	—	—	—	—	—	—	1	2
„ 15 ...	—	1	—	—	—	—	—	1	—	—	—	—	—	2
„ 45 ...	11	14	4	6	—	—	6	6	12	10	2	4	35	40
„ 65 ...	17	5	6	2	1	—	7	2	19	11	9	5	59	25
Over 65 ...	1	1	3	1	—	—	1	—	10	1	4	—	19	3
Totals ...	30	22	13	10	1	—	14	9	41	22	15	9	114	72

B.C.G. Vaccination for School Children

The scheme described in previous years, whereby B.C.G. vaccination was offered to all thirteen-year-old school children following a preliminary skin test to indicate whether in fact such vaccination would benefit them, was extended in 1963 to include twelve-year-old children and in 1964 to children born in 1952 and 1953 (i.e. twelve and eleven-year-olds). This policy of skin-testing two age groups in one year will continue until the age at which the children are tested is reduced to ten years, to conform with the recommendations of the Ministry of Health. In addition, the scheme included students of Darlington Training College and the College of Further Education. The following Table summarises the findings and subsequent action. It will be noticed that while negative reactors were vaccinated, the positive reactors were asked to submit to mass miniature radiography. The reason for this was that the positive skin reaction indicated some previous experience of *mycobacterium tuberculosis*, which, though likely to be healed, may have been active and so discoverable at an early stage by radiological examination. Enquiries were also made as far as possible in the families of positive reactors, to discover unknown cases of open tuberculosis at large in the population from whom these young people had in the first place picked up the infection.

TABLE XIV

B.C.G. Vaccination Statistics, 1964

(a) Children born in 1952 and 1953; (b) 1950-53 inclusive;
(c) Students of Training Colleges and Further Education Establishments

School		Forms returned by Parents		% Consentors	Number Skin-tested	Positive Reactors			Negative Reactors		
		Consents	Refusals			No.	%	X-Rayed	No.	%	Vaccinated
(a) Albert Road	(Boys) ...	66	12	84.6	66	16	24.2	16	50	75.8	49
Central	(Mixed) ...	182	30	85.9	182	36	19.8	31	146	81.2	144
Eastbourne	(Boys) ...	164	31	84.1	164	24	14.6	23	140	85.4	139
Eastbourne	(Girls) ...	145	23	86.4	145	35	24.1	30	110	75.9	109
Grammar	(Boys) ...	161	25	86.5	161	33	21.7	25	128	78.3	127
Haughton	(Mixed) ...	169	16	91.3	169	29	17.8	27	140	82.2	139
High	(Girls) ...	177	20	89.8	177	30	17.0	27	147	83.0	147
North Road	(Girls) ...	72	8	90.0	72	19	26.4	14	53	73.6	53
St. Augustine's	(Girls) ...	63	4	94.0	63	10	15.9	7	53	84.1	51
St. Mary's	(Boys) ...	122	17	87.7	122	29	23.8	25	93	76.2	92
Barnard Special	(Mixed) ...	25	3	89.3	25	1	4.0	1	24	96.0	24
Salters Lane Open Air	(Mixed) ...	9	1	90.0	9	1	11.1	1	8	89.9	8
Immaculate Conception	(Girls) ...	103	5	95.4	103	16	15.5	14	87	84.5	87
Polam Hall	(Girls) ..	39	6	86.7	39	6	15.4	4	33	84.6	33
(b) Branksome	(Mixed) ...	409	54	88.4	409	77	18.8	56	332	81.2	325
	Totals ...	1,906	255	88.3	1,906	362	19.0	301	1544	81.0	1527
(c) Darlington T.C.	(Girls) ...	—	—	—	6	1	16.7	1	5	85.3	5
C. of F.E.	(Mixed) ...	—	—	—	31	8	25.8	8	23	74.2	23

§ 3. VENEREAL DISEASES

As you are aware, the Consultant Venereologist, Dr. Edward Campbell. has a commitment that extends over the whole of Tees-side and the Annual Report, of which he sends me a copy, deals with his work in centres other than Darlington. As far as Darlington figures are concerned, 1964 was a relatively good year, the total of all new cases being 117 at the Darlington clinic as compared with 130 in 1963, divided between 4 of syphilis, 30 of gonorrhoea and 83 other disorders, as compared with 4, 41 and 85 respectively in 1963. This, however, must not give a falsely optimistic picture as in respect of the whole of his area there were 1,375 cases in 1964 as compared with 1,168 the previous year, and in some centres the increase has been very great, as, for instance, from 156 to 204 in one example. Dr. Campbell also points out that patients often prefer to attend a clinic outside the area in which they live and a rise in admissions to any particular clinic may not be a rise in the incidence of disease in the town. Thus, it may be that patients who belong to Darlington have sought treatment elsewhere.

There is no doubt that the incidence of venereal disease is an index of the sexual habits of the population and the overall increase during the last several years is a psychological phenomenon of which those concerned with public health are bound to take notice. Without in any way wishing to depreciate the role of sex in normal life, your Medical Officer of Health is sure that he will have the support of thoughtful people, Christians and humanists alike, when he says that nothing is to be gained in happiness or valuable experience by the pursuit of evanescent pleasure which cannot by its nature provide any emotional satisfaction, this being the means whereby in the great majority of cases venereal diseases are contracted. Thus, the incidence of venereal diseases is in proportion to the emptiness and lack of interest which too many people find in their lives and it is not surprising that such disorders are found among uprooted persons, whether temporary labourers or immigrants who have not yet found a niche in society. These, however, do not by any means account for the whole picture and, while avoiding any suggestion of hysteria about the subject, you should recognise that you are dealing here with an expression of social malaise.

PART III

National Health Service Act, 1946

§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

(a) Normal Mothers and Children

The heavy demand on the child welfare services provided by the Corporation continued during 1964. A new clinic to serve the Eastbourne and Firth Moor part of the town was opened at Geneva Road Baptist Schoolroom by the courtesy of the Baptist Church authorities and met at 10 a.m. and 2 p.m., both sessions being well patronised, the afternoon especially so. This relieved to some extent the pressure on the centre in Eastbourne Nursery School, which in any case is a long pram-push from the remoter parts of Firth Moor, and the need for a health centre in the Firth Moor area was sufficiently appreciated for plans to be prepared before the end of the year on a conveniently central site. Unfortunately, financial stringency may lead to some interval before this centre is available and the need to accept the hospitality of the Geneva Road Baptist Church will continue. Another crisis in respect of clinic premises blew up during the year with the abandonment for religious purposes of the Corporation Road Methodist Church and hence your need to find alternative accommodation for the Corporation Road baby clinic. Another Baptist Church, this time the Tabernacle in Corporation Road, was able to offer accommodation, which, though indeed by no means ideal, was very welcome as equivalent to a port in a storm. The Vicar of St. Luke's Anglican Church had also been very helpful, but it was found impossible to make use of his Church Hall. There is a considerable need for central clinic premises in this area and an approach was made to the Education Department as to the possible alienation of premises at Reid Street School from educational to health purposes for this end, but these came to nothing and the possibility of a purpose-built centre on the open land towards the eastern end of Brinkburn Dene was only pondered as a theoretical possibility. Some means to meet this need was still exercising the mind of your Medical Officer of Health when these notes were written.

With regard to expectant mothers, the midwives continued to hold their ante-natal clinics and the health visitors their instruction in relaxation. It will, of course, be appreciated that all mothers confined at home and on the list of a National Health Service practitioner are able to make use of his services for medical ante-natal supervision.

The times and places of the clinics were as follows:

Midwives Ante-natal Clinics

Wednesday	2 p.m.	Albert Road School House.
	2 p.m.	Greenbank Maternity Hospital.
Thursday	2 p.m.	Skerne Park Health Centre.
Friday	2 p.m.	Eastbourne Nursery School.

Infant Welfare Clinics

Monday	10 a.m. and 2 p.m.	Thompson Street Methodist School Room.
	10 a.m. and 2 p.m.	Corporation Road Baptist School Room.
Tuesday	10 a.m. and 2 p.m.	Albert Road School House.
	10 a.m. and 2 p.m.	Geneva Road Baptist School Room.
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School.
	2 p.m.	Skerne Park Health Centre.
Thursday	10 a.m. and 2 p.m.	Coniscliffe Road Methodist School Room.
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room
	2 p.m.	Springfield Health Centre.

Relaxation and Mothercraft Clinics

Thursday	2 p.m.	Eastbourne Nursery School.
Friday	2 p.m.	Albert Road School House.

(b) **Care of Premature Infants**

The number of premature births at home was 15, of whom all were nursed at home, and all were surviving at the end of a month.

Naturally, the total number of premature births reflects the pattern of confinements generally and the largest number, 103 in all, were delivered in Greenbank Maternity Hospital. Of these 15 died during the first twenty-eight days, leaving 88 surviving at the end of a month.

(c) **Risk Register**

With effect from 1st January, 1964, the birth notification card supplied by this authority included a statement regarding the presence or absence of a "risk" factor observed at birth. This was required by the Ministry of Health as a result ultimately of the work done by Dr. Mary Sheridan on the need to detect defects at the earliest possible age in order to remedy them. Even when no remedy is possible the child with an irreversible handicap will still benefit by early detection because he can then receive appropriate care. Examples of such screening already established are the examination of hearing made by health visitors within the first year, the examination of wet napkins for phenylketonuria and the test for congenital dislocation of the hip.

From further information obtained in those cases where a risk factor was indicated, congenital malformations at birth have been established. Nineteen such examples are on record, as follows:

Anencephaly	4
Spina bifida	4
Bilateral talipes	2

Multiple malformations	2
L. talipes and R.I.H.	1
Congenital heart disease	1
Congenital heart disease and cataract	1
Hare lip	1
Fibrous epulis	1
Oesophageal atresia	1
Hydrocephalus	1

Of these patients, 9 were premature, 9 were stillborn, or died shortly after birth, and 3 born in Darlington were normally resident elsewhere. The hospital records were the richest source of information in respect of these cases, for the best of reasons that the majority of births in Darlington take place at Greenbank Maternity Hospital. The preliminary negotiations in connection with the Risk Register allowed for closer liaison than ever between your staff and the consultant obstetrician and gynaecologists and their own junior colleagues, and it is hoped in the future to obtain even closer links by receiving a copy in every case, whether at risk or not, of the letter sent by the consultant to the general practitioner. This valuable communication, which would be extremely useful to the Health Department in the case of every patient treated in hospital, was conceded readily enough by the consultants concerned. Objection to it in the first instance was raised by some general practitioners on the grounds that it implied a breach of professional secrecy. As it was pointed out that the fullest possible details of patients suffering, for instance, from mental illness were available to the Health Department, this argument seemed to carry little weight and by the end of 1964 it was being pressed much less strongly.

(d) Supply of Dried Milks, etc.

The central depot at the Health Department was maintained for the distribution of dried milks, which were also available at baby clinics. Mrs. D. Moore continued to give full-time service at the centre and Miss E. Daynes attended at the clinics. Mrs. D. Peden continued to give part-time service. Mr. H. R. Kirk continued to supervise this side of the work with his accustomed efficiency.

During the period 15.501 tins of dried milk, 18,440 bottles of orange juice, 1,908 bottles of cod liver oil and 1,244 packets of vitamin tablets were distributed.

(e) Dental Care

The arrangements described in previous Reports continued during the year and there was also a continuing lack of support for the service available by those eligible for it. The response, as shown by the figures below, was even worse than in 1963.

Expectant and Nursing Mothers	4	(10)
Children under 5	136	(135)

(f) **Care of Unmarried Mothers and their Children**

St. Agnes' Home, 45 Duke Street, continued to receive the financial support of the Corporation and gave the same good service which by long usage we have grown to expect of it. As before, the majority of those who were helped were not Darlington women and no charge for maintenance was ever made to their home authority on their behalf. That is why the Council continued the apparently ungenerous policy of previous years of refusing financial responsibility for Darlington girls accommodated in other moral welfare homes. I am again grateful to Mrs. J. Applegarth, the Superintendent, for the following figures:

Indoor Work—Total number of residents was 37, consisting of:

(1) Unmarried mothers	32
(2) Married women with illegitimate babies ...	2
(3) Temporary residents	3
Girls who kept babies	9
Adoptions	26

(From the 37 residents, 3 were Darlington girls)

§ 2. DOMICILIARY MIDWIFERY (Section 23)

There was not a great deal more to say about this section in 1964 than to list the figures of the work carried out. As you know, the majority of expectant mothers in Darlington are confined in hospital, for practical and psychological reasons which your Medical Officer of Health has brought to your notice in previous reports. Though in theory the right place for a woman to have her baby is at home, the persuasions towards hospital treatment are sufficiently obvious. You were fortunate that the establishment of midwives remained up to strength during the year and carried out their functions with customary efficiency under the supervision of Miss C. Beckett.

A note was included in the Report for 1963 about the decline of breast feeding and your Medical Officer of Health would like to endorse all that he said to deplore this trend of present fashion, which exalts the artificial at the expense of the natural, with consequences the residual effect of which are likely to be not yet apparent.

The work carried out during the year is summarised as follows:

Gas and Air Analgesia

	1960	1961	1962	1963	1964
Number of patients using it	207	229	250	204	216
Percentages of total domiciliary confinements	67	70	76	72	78

Pethidine

Number of patients using it	105	117	128	147	149
Percentage of total domiciliary confinements	34	36	40	52	54
Total domiciliary confinements	311	326	327	284	277

	Cases attended as Midwives	Cases attended as Maternity Nurses
1955	319	31
1956	282	42
1957	298	40
1958	253	22
1959	255	27
1960	288	23
1961	297	29
1962	294	33
1963	258	26
1964	244	33

§ 3. HEALTH VISITING (Section 24)

It is very pleasant to be able to record that during 1964 the staff situation where health visitors were concerned improved very considerably. Both your students, Mrs. R. A. Nicol and Mrs. J. Robinson, were successful in obtaining their Health Visitor's Certificate and were taken on to your staff with effect from 1st August. Your temporary assistant nurse, Mrs. D. G. Glanfield, became a student health visitor on 1st October, when she was joined by Miss A. B. Russell and Miss J. M. Rutter, who had served you as assistant nurses from 16th March. Thus at the end of the year you had three students under training by your sponsored scheme and when these join your staff you will have completed the present permitted establishment. It will then be time for your Medical Officer of Health to ask you for more, since the scope of a health visitor's duties is much wider potentially than you have been able to provide in the past. From 21st September Mrs. M. Lord was appointed as an assistant nurse to carry out some of the duties hitherto discharged by the three probationary students.

In previous Annual Reports mention has been made of the sort of work health visitors should carry out in addition to their continuing commitment with maternal and child health, and great scope exists for visiting during the later years of life. There is another aspect which has received considerable attention and shown development in sundry other authorities, but which has not yet been explored in Darlington, which is the secondment of health visitors to general practitioners to work in ever closer co-operation with them. In many areas this notion was for a long time resisted by both parties and in some where it has been achieved something less than ideal has emerged, as for instance when the health visitor tends to be used by the practitioner as a kind of qualified receptionist. On the other hand, some authorities are very enthusiastic about their success in this direction, which enthusiasm is shared by the parties concerned. Two possible methods of allocation exist, one where health visitors are appointed each to a particular practice and the other where all practitioners in the health visitor's district co-operate with her and make use of her services in respect of their patients. The second variant would seem to be the appropriate one for Darlington, where all practitioners have patients all over the town and it also would not impede what your Medical Officer of Health regards as a very important aspect of a health

visitor's work, that she should be the adviser on all health problems to all the people at risk in her district. Ideally such co-operation would flourish best where there was a "new style" health centre, i.e., one which provided accommodation for general practitioners as well as for personal health services. In the past there has been no desire expressed by practitioners for any health centre of this kind, but the pattern of general practice is tending to change. with a much greater desire to make use of local authority services, and such a centre might be welcome in Darlington if there were money available to build it.

The work of the health visitors is summarised in the following Table, but it is to be understood, of course, that this only includes essential duties and does not cover the whole of the work carried out.

TABLE XVI

Work of Health Visitors	*Total cases*
Children born in 1964	1,439
Children born in 1963	1,292
Children born in 1959-1962	4,659
Other classes	830
Tuberculosis households	178
	8,398

§ 4. HOME NURSING (Section 25)

Compared with the previous year, 1964 showed relative tranquility, when the service was administered with satisfactory efficiency from No. 14 Victoria Road. As you will remember, following the difficulties consequent upon the evacuation of 68/70 Woodland Road to oblige the Darlington Memorial Hospital, whose Secretary proved very helpful in assisting towards interim arrangements, there was a good deal of upset when the service was continued under great difficulty, but the premises at 14 Victoria Road proved quite satisfactory and there is nothing new to report about them. Staff difficulties have remained, but the service has managed to meet all demands made upon it and has retained its popularity with the practitioners of the town. During the year it was found that the clerical assistance provided on a half-time basis was insufficient and before the end of the year a full-time appointment had been made.

Your Medical Officer of Health has often wondered whether the home nursing service might not lend itself to expansion to meet a want that is really present, though unexpressed. If it be taken that the role of the hospital in modern society is not as a place where people are put to bed but as a centre where advice is given to cure sickness and maintain health, it follows that a good deal of treatment at present carried out in hospital wards should be possible to administer at home, provided an efficient and a sufficient nursing service were available to supply it. This question presents an enormous field for research to which your Medical Officer of Health would like to give his attention were he ever to find time for it. Meanwhile there are also questions of a night nursing service and of nursing attention at unusual times of the day, for instance the giving of a sedative or analgesic at a late hour in the evening. It is not suggested that known needs of such kind are not being met, but there might be more to do.

TABLE XVII

Analysis of Patients and Visits Paid, 1949, 1954 and 1964

	Under 5			5-25			25-45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1954	11	86	8	52	1,028	20	189	3,397	18
1964	13	243	19	33	833	25	58	1,672	29
	45-65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1954	319	8,933	28	690	23,319	34	1,261	36,763	29
1964	226	7,651	34	610	20,377	33	940	30,776	33

(1) = Number of patients.
(2) = Number of visits paid.
(3) = Average number of visits per patient.

§ 5. VACCINATION AND IMMUNISATION (Section 26)

There is no doubt that among all the branches of medicine public health has achieved the most outstanding success. Since there is no history to the epidemic or individual case of illness which never happened, the real triumphs of preventive medicine are not obvious to the public, yet the history of diphtheria within the last twenty-five years and of poliomyelitis within the last five are illustrations within the lifetime of most of us of what has been achieved. These epidemiological controls have been brought about very largely by vaccination and immunisation and many mothers bringing their children to their general practitioners or to the clinics for routine shots in the arm or spoonfuls of coloured syrup may doubt whether their action was really necessary. Fortunately it is a human characteristic to acquire good habits as well as bad ones and the majority of mothers now expect their children to be immunised and vaccinated, at least as respects diphtheria, whooping cough, tetanus and poliomyelitis, and they do not feel that they are obtaining the full service to which they are entitled unless these are done. It cannot, however, be over-emphasised that freedom from epidemics is only maintained by constant vigilance and although experience has shown that it is not necessary to immunise or vaccinate 100% of the population to establish herd immunity, all parents should accept their responsibility under this heading in order to keep constant the vital proportion of immunised persons upon whom general protection depends. All forms of vaccination and immunisation for children are given at the baby clinics as part of the normal routine of visiting there and this has been found a more advantageous method of administration than

to hold special clinics at Feethams or otherwise for the purpose. The propaganda for protection by these means is largely in the hands of health visitors and it is at the clinics that the health visitors meet mothers of children. As for the general practitioners, they make also a most valuable contribution to the total picture and it cannot be too strongly emphasised that your department recognises their primary interest in this work, to which what you provide may be regarded as a supplement. When closer association between general practitioners and health visitors has been developed, as is already going forward in many areas, a new phase of vaccination and immunisation may be on the horizon.

Primary Immunisation against Diphtheria of Children under 15 years of age

	Local Authority Clinics	General Practitioners	Total
1954	937	195	1,132
1955	875	159	1,034
1956	775	258	1,033
1957	777	259	1,036
1958	683	205	888
1959	946	267	1,213
1960	791	281	1,072
1961	896	338	1,234
1962	804	228	1,032
1963	912	179	1,091
1964	986	182	1,168

TABLE XVIII

Immunisation against Diphtheria

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	959	177	1136	840	122	962
5 to 14 years ...	27	5	32	876	87	963
Totals ...	986	182	1168	1716	209	1925

TABLE XIX

Vaccination against Smallpox

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated	72	337	18	8	21	456
	Re-vaccinated ...	—	—	8	10	56	74
General Practitioners	Vaccinated	36	39	4	11	52	142
	Re-vaccinated ...	—	—	4	11	88	103
	TOTALS ...	108	376	34	40	217	775

TABLE XX

Immunisation and Vaccination : Comparative Figures

	1957	1958	1959	1960	1961	1962	1963	1964
Immunisation, Children under 5 years	824	709	994	977	1139	1005	1067	1136
Immunisation, Children 5—14 years	212	179	219	95	95	27	24	32
Vaccination, Children under 5 years	392	454	546	589	730	1402	233	506

TABLE XXI

Immunisation against Whooping Cough

	Born in Year :			Total
	1964	1960-63	1950-59	
Health Department	418	522	6	946
General Practitioners	50	127	4	181
TOTAL ...	468	649	10	1127

TABLE XXII

Poliomyelitis Vaccination

Class	Local Authority Clinic	General Practitioners	Total
Children born in 1964	204	17	221
Children born in 1963	674	72	746
Children born in 1962	122	27	149
Children born 1943-1961	544	44	588
Young persons born 1934-42	165	14	179
Persons born before 1934 who have not passed their 40th Birthday ...	114	8	122
Others	—	—	—
TOTAL ...	1823	182	2005
Third Injections	—	—	—
Fourth Doses	720	—	720

Inoculations against Tropical Diseases

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 139 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.)	88
Cholera	47
Tetanus (T.T.)	4

Yellow Fever inoculations are obtained by appointment at the Health Department, Middlesbrough.

§ 6. AMBULANCE SERVICE (Section 27)

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the past 10 years are as follows:

	Number of Patients	Mileage
1955	29,278	132,921
1956	28,717	125,495
1957	29,062	124,492
1958	28,135	132,558
1959	27,543	138,036
1960	29,503	137,558
1961	30,264	141,457
1962	31,498	138,023
1963	33,250	148,253
1964	31,705	151,593

As will be seen from a study of the number of patients conveyed and the mileage covered during the last 10 years, while the former shows no very considerable increase the latter reveals a quite steady rise, which would seem to show that patients from the remoter parts of the hospital area are making more use of the amenities of the Darlington hospitals. This, of course, is in accordance with modern hospital theory, which, in the words of Dr. R. H. M. Stewart, Senior Administrative Medical Officer of Newcastle Regional Hospital Board, regards the hospital not as a place where patients are admitted and put to bed, but as a centre where investigations are made and treatment prescribed, the latter often to be carried out at home. A universal application of this principle would, of course, mean a very considerable review of the whole National Health Service and not of the ambulance section alone. Meanwhile, your Medical Officer of Health cannot refrain from expressing once more what has been his constant opinion since the initiation of the National Health Service, that the ambulance section should be administered by the hospital and not by the local health authority. This is perhaps more obvious in Darlington than in some other places because of the already existing agency arrangement with the fire service, but the organisation of a means of transport, even when the cargo consists of ill people, has no connection with preventive or social medicine and since the hospital is the largest user of the service then surely it should be within the hospitals' administrative orbit.

§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Diseases of the Chest

The Darlington Tuberculosis Care Committee continued during 1964 to discharge the obligation laid upon the local health authority to provide a community care service for patients suffering from pulmonary tuberculosis and, as described in previous years, the terms of reference of the Committee were wide enough to include patients suffering from other diseases of the chest. This is following the lead set by the Chest and Heart Association, with which the Care Committee is associated, but the members have not yet seen their way to including sufferers from heart disease in their terms of reference. Thus, in 1964 much the same pattern was observed as in previous years, with a sale of seals at Christmastime and monthly meetings where the reports of district visitors were received and assistance in kind given to the patients on their lists. This for the most part took the form of a pint of milk per day and sometimes two pints, at the discretion of the Chest Physician. Nourishment in the form of eggs was also sometimes awarded and help was given by the provision of clothing and footwear. The scheme for subsidised holidays continued as in previous years and the funds of the Committee remained solvent, thanks to the assistance of a grant of £600 from the Health Committee.

As your Medical Officer of Health has explained in previous Annual Reports, he looks forward to a time when the terms of reference of the Care Committee will be extended to include chronic sickness generally and when the ward visitors will have a longer list of visits to make, covering a wider variety of human ailments. He is not in favour of a tendency noticeable in some fields today of an ever increasing number of groups of benevolent persons

dedicated to the benefit of a particular category of human need, such, for instance, as spastics, sufferers from muscular dystrophy, or even the old as such, and he is inclined to favour the creation of a sub-committee of members of the Health and Welfare, and possibly Children's Committees to discharge these functions with, of course, very liberal co-option of interested persons outside.

Chiropody

This year very satisfactory progress is to be recorded under the heading of 'Chiropody' and with effect from 1st April proposals approved by the Ministry of Health were implemented by the local health authority. This was at the end of negotiations with representatives of the local chiropodists and it was decided, as the Corporation had not already available clinic facilities, that the service should be conducted in the surgeries of the chiropodists who were willing to participate, and in the homes of patients when they were unable to make a visit to the surgery. An appropriate negotiated scale of charges already existed for this purpose, which both parties accepted without argument. All appropriately qualified chiropodists were invited to participate in the scheme, which was created to provide a service for people of pensionable age, expectant mothers and handicapped persons in general. The question of charges to the public was carefully considered and it was decided to make a charge of 2s. 6d. to the patient for each treatment, this sum to be paid to the chiropodist direct and to be deducted from his own charge to the Corporation. Though no doubt the popularity of the scheme would have been increased had it been possible to provide it free, the charge in fact is no greater than a man must have paid in 1964 for a hair cut and though a quite large figure may eventually be expended by a patient who needs numerous and continuing sessions to maintain foot health it may be argued that the value obtained is well worth the price.

With 1st April the older scheme administered by the Darlington Aged People's Welfare Council came to an end, the patients already sponsored under former arrangements having automatically been accepted into the new scheme. Patronage of the service increased rapidly and by the end of 1964, 680 patients had been treated, divided as follows:

	Treatment at		
	Surgery	*Home*	*Total*
No. of patients ...	578	102	680
No. of treatments ...	2,087	304	2,391

The method of supplying treatment adopted by this County Borough was highly acceptable to the chiropodists themselves, who appear to dislike work in clinics provided by the local authority. The Corporation, however, maintains its freedom of choice to supply clinics for this purpose at their new health centres or otherwise and, in accordance with the exigencies of the situation, to employ their own appropriately qualified chiropodists. This service may be accepted as an example of secondary prevention, by which is meant the cure of a morbid condition when it is still amenable and has not developed its maximum ill-effects. Just as in respect of eyes and teeth, the feet show a good deal of minor pathology, and particularly in the last third of life, so leading to that immobility which is such a burden to the old, and severs their contacts with the world around them. Primary prevention, which is the averting of morbidity in the first instance, is of course still more valuable

and your Medical Officer of Health feels that in this context he must draw attention once again to the sometime untoward effects of fashion. We tend today to look askance at the tight lacing and voluminous skirts of Victorian time, but it may well be that women in the pursuit of fashion inflict damage quite as great as their great-grandmothers upon their long-suffering bodies by the unsatisfactory shoes they elect to wear, nor is it to be forgotten that young men may show almost equal folly. The great misfortune which besets health education in this context is the impossibility for the young to imagine that all too soon they will reach middle age.

§ 8. DOMESTIC HELP (Section 29)

Your Medical Officer of Health has little to add when reviewing the work of the year under this heading to his remarks in previous years. This is not because he does not think there is a good deal to say, but more information is required before proposals can be made as to how the existing service could be extended. As he remarked in his Report for 1963, the great obstacle to wider popularity of the domestic help service is that the user needs to pay for it on an "item of service" basis. Admittedly, in the majority of cases the amount to be paid is small one has only to look at Table XXIV to see how the proportion of chronic sick patients is among the total of persons helped), but even the need to pay at all seems to dissuade some who would otherwise use the service. Another matter that needs careful consideration is the delimitation of the home help and home nursing services. Between the two there is a wide area of need where the attention required is something more than a home help is expected to give, but certainly does not require state registration or state enrolment as a nurse to be able to give it; as an example, the assistance of an elderly and perhaps somewhat helpless person to take a bath, or even to wash himself completely. Your Medical Officer of Health was thinking along these lines at the time he dictated these notes. The anomalous position of Miss A. Lumb as de facto Organiser without the remuneration which this appointment ought to attract remains unremedied and your Medical Officer of Health will continue to point it out to you.

The following Table summarises the work of the year.

TABLE XXIV

Type of Case	1964	1963	1962	1961
	Number of Cases	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	49	51	49	55
Tuberculosis	—	1	2	2
Chronic sick (including aged and infirm)	588	559	513	450
Others	58	49	35	68
TOTAL ...	695	660	599	575

PART IV

Mental Health

"Nothing stands still" is a maxim just as true in Mental Health as in any other field of activity. It is therefore unfortunate that during the year under review it was not possible to implement the next stage in the Authority's 10 Year Plan which is the provision of a Hostel for subnormal patients. It is true that money was placed in estimates for this purpose but no suitable premises became available within the price range allowable. The result is that our building programme remains static and as this report is being prepared it is learned with some dismay that the project has been excluded from estimates altogether on the grounds of economy and not carried through into the 1965/6 programme as expected. This is extremely regrettable and disappointing. It means we are not providing a service for which there is a definite and real need. For instance Mr. N., whose wife died two years ago, is left to look after his 20-year-old severely subnormal daughter. She attends the Girls' Senior Training Centre from 9.30 a.m. to 3.30 p.m. Monday to Friday. Mr. N. however, leaves home at 7 a.m. each morning for his employment and does not return until 5.30 p.m. (8.30 p.m. on 2 nights each week when he is compelled to work overtime). This means the girl is left each morning and each night to the goodwill of neighbours. This has extreme drawbacks as neighbours are not always available. The result is that the father has had to ask his aged and near blind mother to leave her home 25 miles away to help out in this now chronic situation. A Hostel where this girl could live from Monday to Friday and return home at week-end is an ideal solution, the father very definitely not wanting his girl to be admitted to Aycliffe Hospital. The second case illustrative of the need coupled with the provision of a Special Care Unit is that of Mrs. T. She has a boy who has now reached the age of 6 years. He still needs every nursing care as for a baby and is just now beginning to become ambulant. She also has two other children aged 8 and 2 years. In effect for some years Mrs. T. has had to look after 3 small children with the patient becoming exceedingly heavy and difficult to manage. This lady again does not wish the child to enter Aycliffe Hospital. We have as yet no Special Care Unit to which the child could be admitted and again the provision of a suitable Hostel where he could reside and return home at week-end would have been admirable and relieved the mother of the tremendous strain placed upon her which has resulted in a near breakdown both physically and mentally. The two cases quoted are indicative of the need for a Hostel for the subnormal but could be duplicated again and again.

Though the building programme has remained static it is good to report that on the development of the service given at Officer level progress continues to be made. It is perhaps a good time to look briefly at the duties and responsibilities of your Mental Welfare Officers and the continuing burden of responsibility placed upon them. The Mental Welfare Officer today has developed his powers of social service on a far wider front than ever before. From the days of the old Relieving Officer who merely carried out an emergency admission service to the nearby mental hospital to the days of his successor, the Duly Authorised Officer, who first began the beginnings of an after care service is quite a big step. However, the modern Mental Welfare

Officer far exceeds any of the duties which his predecessor either attempted or envisaged. As R. G. Tredgold in his book "Bridging the Gap" states, "They work hard in a thankless task and are conscientious and patient to a degree. The responsibility they carry is a very heavy one for as the law stands it is their decision whether to remove a patient to a mental hospital or not. For these officers I have the greatest respect". This quotation was actually said in respect of the Duly Authorised Officer but it can truly be said that his sucessor, the Mental Welfare Officer, carries out duties and functions which demand far greater skill in social work and which in the field of mental health requires a knowledge of psychological medicine, an appreciation of the aetiology of mental disorder and a wide understanding of human relationships. He has a unique responsibility requiring a complete knowledge and understanding of all legislation in relation to his powers and statutory duties. Whilst essentially a social worker which demands that he keeps his relationships with patient and family he often finds himself involved in situations which are difficult and sometimes extremely dangerous, calling for a degree of skill not required in other social workers in ensuring that patients subject to compulsory measures are safely admitted to hospital. The Mental Welfare Officer is one of the few Local Authority Officials with the statutory authority to interfere with the liberty of the subject. The decision as to whether or not he has a duty to admit the patient to hospital is his alone and it is for him to decide in any given situation whether or not he should admit the patient to hospital. Admittedly he is guided by medical evidence but it is the Mental Welfare Officer who becomes the authority as to whether or not the patient loses his liberty or otherwise. I think it is true to say that no other social worker carries responsibility in any way comparable to this. Even so he carries a far more onerous duty in the field of psychiatric social work for he is daily concerned with the Consultant Psychiatrist in the prevention of illness, care and after care of patients of all types whether they be mentally ill or mentally subnormal; he is embroiled in providing employment, interviewing prospective employers, solving difficult marital relationships. etc. In addition he carries an interest in the training of the subnormal in the Training and Industrial Centres and also the Psychiatric Hostel provided by the Local Authority. It is unfortunate that the image of the Mental Welfare Officer is not perhaps as good as that of perhaps the Probation Officer or the Welfare Officer who looks after geriatric problems in the community. This is largely because of the fact that mental welfare is something of a "silent service" in social work based mainly on past stigma attached to all work concerned with mental hospitals and also by the fact that so much of his work is extremely confidential, tied up as it is so closely with the medical profession. It is however, pleasant to report that in Darlington the associations with the Consultant Psychiatrist, Dr. E. A. Burkitt, are so close and harmonious that we have developed a community service which will compare favourably with any.

The following tables endeavour to show in a limited way in statistical form the scope and variety of work of the Mental Health Section.

"A"—Mental Illness

TABLE XXV

Incidence of cases reported to the Department for investigation during 1964

Source of referral	M	F	Total
Family doctor	62	103	165
Consultant Psychiatrist	26	34	60
Memorial Hospital (Casualty Department)	37	30	67
Magistrates Courts'	2	—	2
Police	16	11	27
Other sources (Probation Officer, N.A.B., Salvation Army Hostel, etc.)	19	7	26
TOTALS ...	162	185	347

Disposal of cases reported during 1964

Admitted to hospital informally	64	73	137
Admitted to hospital under Observation Certificate	16	20	36
Admitted to hospital under Treatment Certificate	12	22	34
Admitted to hospital under Urgency Certificate	11	18	29
Referred for domiciliary visit by Consultant Psychiatrist ...	12	13	25
Referred for Psychiatric Out-Patient Clinic	15	15	30
Supervision at home by G.P. and M.W.O.	16	13	29
Placed under Guardianship of L.H.A.	—	—	—
Other disposals (Salvation Army Hostel, etc.)	16	11	27
TOTALS ...	162	185	347
Total after care visits and interviews :			5,044

The figures for the year show a slight decrease of 16 over those for the previous year so that it can almost be said to be constant. Again the percentage of admissions to hospital informally is by far the highest which reflects the acceptance of the general public to the fact that admittance to a mental hospital for treatment is very little different to that of the general hospital though of course the isolated case does come along when the statutory sections of the Act have to be administered. It is worth noting that this year 25 cases were referred by the department for a domiciliary visit by the

Consultant Psychiatrist as against a nil return for the previous year. This indicates the willingness and co-operation of Dr. E. A. Burkitt to travel from Winterton Hospital to see cases at the request of the department but also shows the changing attitudes, sometimes of relatives who prefer the patient to be seen by a Consultant before disposal. The number of after care visits and interviews has increased by more than 1,000 and this is indicative of the general trend of supervision in the community followed by the department in conjunction with general practitioners and the hospital Consultant.

TABLE XXVI

Patients referred for Community Care

	Under 65		Over 65		Totals
	M.	F.	M.	F.	
Referred following I/P Treatment	142	106	30	39	317
Referred following O/P Treatment	51	60	12	9	132
Referred by G.P.	76	50	14	22	162
Referred by other sources	88	53	—	14	155
Total cases referred	357	269	56	84	766

Of those referred who were:

Old Cases	199	133	23	46	401
New Cases	158	136	33	38	365
TOTALS ...	357	269	56	84	766
Returned to Employment	123	32	—	—	155
Total Cases under Care at 31st December, 1964	127	106	20	33	286

The same pattern for referral for community care was followed in 1964 as in the previous year. It was unfortunate that the treatment clinic for E.C.T. on outpatient basis at the Memorial Hospital ceased because of lack of staff. This meant that patients again had to be referred to Winterton Hospital for this treatment which means a rather long and tiresome journey, in most cases by ambulance. Patients however, continued to be retained within the community by close co-ordination of the service between Consultant, General Practitioner and Mental Welfare Officer. The increased number of patients referred in this period (766) against the previous year (518) reflects the use made of departmental service. This applies not only to cases referred from medical sources but also by the community under the heading of "Other Sources".

The Mental Welfare Officers continue to attend every session of the Out Patient Clinic at the Memorial Hospital and also to take case histories where requested from patients on the ward. The taking of case histories is a highly specialised procedure only to be attempted by a social worker skilled in the technique of asking the right questions and knowing what he is looking for. He must also possess the art of gaining the patient's confidence in a situation that is extremely sensitive and trying to both participants. The information obtained at this initial interview is extremely important to the Consultant Psychiatrist as it often provides the basis upon which treatment begins. This constitutes case work at an advanced level and it can be said that Mr. McAulay has acquitted himself excellently in this capacity and has earned for himself the highest commendation for his work from Dr. E. A. Burkitt. It is necessary to refer at this point to the amount of work placed upon the Darlington Borough Officers in relation to patients admitted in urgency to the Memorial Hospital from outside the Borough. The catchment area for the Memorial Hospital of course extends considerably into the County area and the result is that acute cases of depression where an attempt at suicide has been made are then referred automatically from the General Practitioner to the Casualty Department. In these cases the Mental Welfare Officer is called out to investigate and recommend disposal. Sometimes the patient is referred back to the area from which he came. At other times the patient is admitted to the ward and again of course there are occasions when the patient is admitted to Winterton Hospital. In any case it can be appreciated that this incurs much extra work on the Officer together with the responsibility of eventual disposal.

The Psychiatric Social Club is continued to be held at the Short Stay Hostel, Woodland Road, and with some success. An average of about 20 patients attend at each session. Not only does this give relief to the patients and a meeting point where they can discuss their difficulties as well as enjoy a social evening but it is also a useful focal point for the Mental Welfare Officer to assess progress of various patients within the community.

A further pleasing development in community services is the growing co-operation between the department and the Consultant Geriatrician, Dr. D. P. Degenhardt. The difficulty of serving the best interests of elderly disturbed patients, often with some physical disability, is well known. Too often they fall between the stools of Part III, Mental Hospital or Geriatric Ward accommodation. The geriatric unit at Hundens Hospital has offered a means of observation not previously possible. The excellent co-operation of Dr. Degenhardt with Dr. Burkitt and the Mental Welfare Officers has resulted in many cases being admitted to these wards whose previous disposal could only have been to the mental hospital. The close liaison between the Consultant Psychiatrist and Geriatrician has meant that in many cases following observation and treatment patients have been able to return to their own home or family to be followed up where necessary by the Mental Welfare Officer. This of course is within the best interpretation of the Mental Health Act as it has always been generally acknowledged that the admittance of elderly people to mental hospitals should only be undertaken as a last resort and in extreme cases.

Short-Stay Hostel

TABLE XXVII

Admissions and Disposals

Admissions

	Age Group				Total
	16-35	36-50	51-64	65+	
Classification of Illness:					
(a) Simple schizophrenia	3	2	2	—	7
(b) Paranoic schizophrenia	—	1	1	—	2
(c) Psychopathic personality	—	—	—	—	—
(d) Inadequate personality	—	—	—	—	—
(e) Depressive state	—	—	1	—	1
(f) Alcoholic and drug addictions ...	—	—	—	—	—
(g) High-grade sub-normality ...	2	—	2	—	4
(h) Other (Organic disorders, confusional state, etc.)	—	—	—	—	—
Totals	5	3	6	—	14

Disposals

Placed in employment	4	4	5	—	13
Placed in I.R.U.	—	—	—	—	—
Placed in Lodgings	1	2	2	—	5
Returned to home or relatives	3	2	—	—	5
Returned to hospital	2	—	1	—	3
Left of own accord	—	—	—	—	—
Totals	10	8	8	—	26

The Hostel continued to be used quite successfully during the year for the rehabilitation of patients having spent some time in Winterton Hospital. Again it can be observed that the largest group are those suffering from schizophrenia with depressive states and high grade subnormality following on. It has been found that given the right technique the rehabilitation of selected schizophrenics has a high proportion of success. It must be remembered that up until quite recently most of these patients were written off as complete

community failures and it is encouraging to find that given the right atmosphere, the correct employment and simple understanding of their difficulties by all associated with them, the schizophrenic will fare in the community fairly successfully. No one of course can measure the relief to relatives to find that someone is interested in their problem and is prepared to assist in rehabilitation and it is gratifying to hear from time to time comments showing gratefulness.

It will be noted that no patients who were psychopathic or inadequate were admitted. This follows the pattern of the previous year. The reason is simply that experience has proved up to date that the psychopath in particular does not fit into the Hostel set up and indeed far from fitting in he tends to disrupt the smooth flow of rehabilitation. He tends to upset other patients, generally shows his inability to adjust or to fit in and disrupts the "home" atmosphere which we have endeavoured to create. Much the same can be said of the alcoholic and the occasional drug addict and it would appear that if we are to deal successfully with these patients in the community other provisions must be made outside of those already in existence.

Employment still has to be sought on a suitable basis in spite of the better employment conditions in the area. There is still resistance on the part of many employers to accept patients with a long history of mental illness. In spite of this where patients have been accepted we are informed they are generally quite good at the employment offered and the regularity of attendance at employment is generally much higher than the average.

Mental Subnormality

The supervision of these patients in the community now follows a well defined pattern. The town is zoned into two areas for routine visiting which is shared by Mrs. G. Sullivan and Mr. M. Duddin. These Officers visit male and female within their area but change over on request when members of either sex become extremely difficult and require the specialist service which perhaps only a member of their own sex can provide. Patients are admitted to the Training Centres as required or into employment as such arises. It will be noted by the appended tables that there is a sharp increase in the numbers attending the Junior Training Centre. Eight additional patients are now in full time attendance over last year's figure of 31. In addition there is a waiting list of 10 children who could be admitted forthwith if the facilities were available. Some of these children are accommodated in Nursery Schools run by the Local Education Authority. This is achieved by the fact that Dr. W. M. Markham, Deputy Principal School Medical Officer, is in close contact with the patients, the Chief Education Officer and the Health Department and knowing the pressure upon the Junior Training Centre is able to encourage the Heads of Nursery Schools to co-operate for the general good of all concerned. This does not account, however, for a number of patients who have to remain at home mostly because they have multiple handicaps and are thus really in need of a Special Care Unit. The provision of such a place at the rear of the present North Road Training Centre has been discussed on several occasions but the difficult position of acquiring land either by lease or purchase is well known. This tends to delay action but it must be noted that pressure is now built up to the degree that some action will have to be taken in the very near future.

The senior girls remain fairly static in number, those moving up from the junior centre mostly taking the place of older girls for whom some employment has been found. The Centre proceeds satisfactorily on its way, employment being provided as reported last year by the counting of rubber bands and polythene bags and labels for a local business firm. This industrial activity is balanced by social training of various kinds and the end product is seen in the good mannered, very often attractive young people who are able to live a reasonable life within the family and community.

The Hopetown Training and Industrial Centre continued to thrive throughout the year despite some difficulty arising on the staffing level. It was because of this difficulty to a large extent, that the car washing activity began to lose ground and eventually had to be abandoned at least for the time being. The number of patients increased by 33% and this led to the appointment of Mr. A. Robinson who took up his duties on 26/4/64. The type of work was extended by obtaining from Messrs. Hugh Stevenson & Sons Ltd., Faverdale, a contract for assembling cardboard divisions for their new factory. This work, of a simple repetitive nature has proved a great help to the Centre not only in the matter of finance but also in training of the kind concerned in industrial attitudes. Very often the work given has to be completed within 24 hours and this means a speeding up of the processes concerned. The patients have proved receptive to speedier working and to the pressure forced upon them. The result has been that in terms of open employment 9 patients have been found 11 jobs in competitive industry. It was largely owing to the increased earning capacity at the Hopetown Centre that the Health Committee reviewed the scheme of payments applicable to the trainees and decided to pay an enhanced training allowance of 15/- per week to the grade A patients, 10/- to grade B patients, and 5/- to grade C patients. The centre is still used to rehabilitate schizophrenics within the community where they have failed within employment. 5 such patients were in attendance at the end of the year and it is useful to remember the general acceptance of schizophrenics by the subnormal and vice versa. The fact that this sheltered employment is preventing relapse of these patients within the community and their eventual return to hospital, together with the consequent relief of anxiety to relatives is also worthy of note. The achievements of training at the Centres are linked very closely with the keenness and devoted quality of service provided by the staff. Particular thanks are due to Mrs. J. Paxton, Supervisor at the North Road Centres for many years, who retired on the 31st December 1964. The place of such a loyal and devoted officer is very difficult to fill and indeed many parents expressed anxiety as to her successor. However, we have been fortunate in obtaining the services of Mrs. M. Brison who holds the Diploma of the National Association for Mental Health for Supervisors for Centres for the Subnormal and though we appreciate the difficult task Mrs. Brison has to undertake in following such an able person as her predecessor, we are confident that she will rise to the occasion.

Acknowledgments are due to Hugh Stevenson & Sons Ltd., Paton & Baldwins, the Local Education Authority and Messrs. A. H. Heyman & Co., Children's Wear Manufacturers for providing suitable work at our Centres and without whose co-operation we would have great difficulty in carrying on. Thanks also are to be extended to local employers who have assisted us by trying out patients following their period of training. Various donations from Friends of the Mentally Handicapped, Ladies Circle, J. A. Rank Organisa-

tion's Majestic Ballroom have to be acknowledged gratefully, which provided many useful amenities particularly for the Junior Training Centre.

The Mental Health Department could not function properly without its very close association with Dr. E. A. Burkitt, Consultant Psychiatrist and Deputy Medical Superintendent, Winterton Hospital and Dr. W. Dunn, Consultant Psychiatrist and Medical Superintendent Aycliffe Hospital. As one of the final obstacles in the field of rehabilitation is the provision of suitable employment, our thanks are also due in no small measure to Mr. W. Jackson, D.R.O., Ministry of Labour and to Mr. W. Pritchard, Youth Employment Officer and their colleagues.

TABLE XXVIII

"B" Mental Subnormality

Source of referral:	Under 16 yrs.		Over 16 yrs.		Total
	M	F	M	F	
Local Education Authority on children reported:					
(a) While at school or liable to attend school ...	9	7	—	—	16
(b) On leaving special schools	—	—	5	3	8
(c) On leaving ordinary schools	—	—	—	—	—
Transfer in from other local authorities	2	—	2	1	5
Hospitals—following discharge	—	—	4	—	4
Magistrates Courts'	—	—	1	1	2
Police	—	—	2	—	2
Other Sources (N.A.B., Probation Officer, etc.) ...	—	—	1	—	1
TOTALS ...	11	7	15	5	38

Disposal of cases reported

Admitted to Training Centres	8	4	—	—	12
Placed under Guardianship of L.H.A.	—	—	1	—	1
Placed in employment	—	—	5	3	8
Admitted to Hospital	1	—	2	1	4
Admitted to Hostel	—	—	1	—	1
Remaining at home under supervision	2	3	6	1	12
TOTALS	11	7	15	5	38

TABLE XXIX

Patients admitted to Hospital during 1964	Under 16		Over 16		Total
	M.	F.	M.	F.	
Informally (Sec. 5, M.H.A., 1959)	1	—	4	1	6
Observation Certificate (Sec. 25, M.H.A., 1959) ...	—	—	—	—	—
Treatment Certificate (Sec. 26, M.H.A., 1959) ...	—	—	3	—	3
Urgency Certificate (Sec. 29, M.H.A., 1959) ...	—	—	—	—	—
Hospital Order (Sec. 60, M.H.A., 1959)	—	—	—	—	—
Temporary (Circular M.O.H. 5/52)	5	6	1	2	14
Totals	6	6	8	3	23
Patients awaiting vacancies in hospital	2	2	—	—	4

TABLE XXX

	Under 16		Over 16		Total
	M.	F.	M.	F.	
Patients in the community who are: (a) Attending Junior Training Centre	18	21	—	—	39
(b) Attending Snr. Girls' Training Centre ...	—	—	—	20	20
(c) Attending Training & Industrial Centre ...	—	—	27	—	27
Totals	18	21	27	20	86
Patients in the community for whom suitable employment has been found	—	—	73	29	102

TABLE XXXI

Total cases under supervision at the end of 1964	Under 16		Over 16		Total
	M.	F.	M.	F.	
In the community	20	22	119	78	239
Under Guardianship	—	—	1	—	1
In hospitals (including patients on leave)	16	6	59	45	126
Totals	36	28	179	123	366

Total after care visits and interviews 2,475

PART V

National Assistance Act, 1948 (Part III)

The association between the Health and Welfare Departments of the Corporation remains close and friendly, your Medical Officer of Health acting as medical adviser to the Welfare Committee and your Assistant Medical Officer of Health, Dr. E. M. Osborne, attending its meetings. One of the important spheres where such co-operation expresses itself in practical action is in respect of a medical opinion concerning new admissions to Part III accommodation. Theoretically, of course, medical considerations are not involved in this matter, except perhaps to exclude from welfare accommodation patients whose needs are severe enough to require hospital treatment. On the other hand, where demand for accommodation is likely to be in excess of its availability, a medical contribution to the total sociological assessment of each case is to be welcomed as an additional insurance that the most needy shall have the highest priority.

Another function of the welfare services in which the Health Department retains a special interest is the community care of the blind. The following statistics reflected the situation in 1964.

TABLE XXIV

Age Distribution of Blind Persons in Darlington

	Under 16	16—29	30—49	50—64	65—69	Over 70	Total
Men	3	=	6	13	12	21	55
Women	1	2	4	13	5	51	76
Total ...	4	2	10	26	17	72	131

Number of blind persons normally resident in Darlington (not of school age) undergoing training away from home Nil

Number of persons employed—

(a) in Workshops for the Blind 2

(b) Home Workers 1

(c) Open employment 5

PART VI

Growing Points

§ 1. HEALTH EDUCATION

The place of health education in the programme of the local health authority is regarded by informed opinion as becoming of ever greater importance. The place and status of the health education officer is receiving increased recognition, such a functionary to be under the general direction of the Medical Officer of Health, but to devote his or her time entirely to health educational projects.. You will probably hesitate before you increase your establishment in Darlington by the appointment of such an officer, though there can be no doubt that he would be able most fruitfully to employ his time arranging for seminars and educational campaigns in factories and other places of employment, in the schools and among youth clubs and all kinds of social groups, not forgetting, of course those that cater for the older citizens. At the present time the heads of secondary modern and other schools are becoming conscious of the need and possibilities of health education for their pupils and this department has received requests to supply tutors for this purpose; unfortunately the staff you allow to the department does not permit the extension in this direction which your Medical Officer of Health would like to provide. If he did so it would mean the neglect of other services, which in turn might spell disaster.

During 1964 the same general pattern as in previous years was maintained, your staff carrying out educational functions as well as they were able in the time available. It will, of course, be appreciated that the majority of the talks and lectures listed below were given out of office hours, this being an extra which your staff regard as part of their ordinary duties. No topic of outstanding importance during the year seemed to justify a bulletin letter so none was issued, but it is worth remarking that three health visitors, Mrs. Crisp, Miss Owen and Mrs. Whalen gave courses on home nursing to the St. John's Ambulance Brigade, to the British Red Cross Society and to students entering for the Duke of Edinburgh Award.

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 6	Citizens' Advice Bureau	The Work of the Public Health Inspector ...	Mr. Ward
14	Dodmire Townswomen's Guild ...	Diet and Obesity ...	Dr. Walker
Feb. 5	St. John's Mothers' Union ...	Diet and Obesity ...	Dr. Walker
5	Borough Road P.T.A.	The Work of the Health Department	Miss Winch
6	Haughton Young Wives' Group...	The Mentally Handicapped Child	Mr. Price
10	Victoria Road Townswomen's Guild	Smoking and Health ...	Dr. Markham
11	Coniscliffe Road Church Guild ...	Relaxation	Mrs. Allan & Miss Smith
27	Haughton Road Sisterhood ...	The Short-stay Hostel ...	Mr. Price

Date	Association	Subject	Speaker
Mar. 24	British Red Cross Society ...	Diet and Obesity ...	Dr. Walker
Apr. 7	Union Street Congregational Young Wives' Group	Relaxation	Mrs. Allan & Miss Smith
30	St. Augustine's Catholic Women's League	Obesity	Dr. Markham
June 11	National Federation of Business and Professional Women's Clubs	Diet and Obesity ...	Dr. Walker
Aug. 21	Darlington Training College ...	The Work of the Health Visitors with Under-fives	Miss Winch
Sept. 22	Coniscliffe Road Church Guild ...	Relaxation	Mrs. Allan & Miss Smith
Oct. 14	Pierremont Women's Guild ...	The Work of the Health Visitor	Miss Winch
27	Toc H Women's Association ...	Work as Medical Officer of Health	Dr. Walker
Nov. 3	Citizens' Advice Bureau	The Mental Health Services	Mr. Price

A glance over the titles will show that the largest single item dealt with was diet and obesity, and this your Medical Officer of Health believes to be a very important secondary issue to the campaign against smoking, since if smoking is given up there is a tendency to eat more and this in turn entails dangers hardly less menacing than the chronic bronchitis and bronchogenic carcinoma which are attributed to polluted air and tobacco smoke.

An aspect of health education which is not reflected in the list of talks is the distribution of posters issued by the Central Office of Information at the request of the Ministry of Health, which, by the co-operation of many firms in the town, are exhibited in works canteens and personnel rest rooms. The principal objective this year for the poster campaign was discouragement of smoking and to this end also a film called "The Smoking Machine" and produced under the auspices of the Ministry of Health was exhibited at a number of schools. The aim was to interest children of primary school age and to dissuade them from acquiring a habit which is easier to avoid than to break. Your Medical Officer of Health is of the opinion that the film was not particularly well received, but this may be because he was not much impressed by it himself. According to representatives of the Ministry of Health, the general reception of the film throughout the schools and the country was satisfactory, though whether any measurable effect is to be attributed to it may be more doubtful. Suffice to say, that the whole question of preventive medicine in the present phase of general longevity and degenerative diseases hinges very much upon health education using that expression in its widest sense of persuading people to live from their youth according to the standards of hygiene which incidentally involve the avoidance of over-eating as much as sub-nutrition and which must necessarily deplore a society where everyone prefers to ride rather than to walk. Thus. to return to the beginning of this section, a health education officer in Darlington would find any amount to do to the benefit of all concerned.

§ 2. GERIATRICS

In the Annual Report for 1963 your Medical Officer of Health dealt fairly thoroughly with the background situation of elderly persons not only in Darlington but throughout the country generally, and he has not much to add to what he said there, save to point out that here undoubtedly presents a major socio-medical problem at the present time, which is reflected already by the large amount of time to which the home nursing and health visiting services devote to the older citizens, and also to the fact that any clearly marked line in hospital practice between general medicine and geriatrics is impossible to draw. The medical problems of the old are not noticeably different from those of other ages and no one should delay treatment of any kind for an acute condition merely on grounds of age. On the other hand, the slowly mounting legacy of wear and tear begins inevitably to show itself in the seventh and eighth decades and recovery after even a trivial illness is apt to be incomplete.

The figures which follow do not as completely reflect the state of affairs as respects old people in Darlington in need of hospital treatment as the comparable Tables did in previous years. This is because of the development of the geriatric services in hospital, thanks to Dr. D. P. Degenhardt, and the opening during 1964 of Ward XXI at Hundens Unit, to which a proportion of elderly patients are admitted straight away without previous sociological investigation from this department. At the same time, the liaison between physicians, health visitors and welfare workers remains very close and helps to defeat the artificial divisions and sub-divisions into which the health and welfare services have been cast. In all, 91 individual patients were investigated by Miss Winch, and provide the basis for the statistics which follow. Table XXXIII indicates the morbid conditions found on investigation and since many patients were suffering from multiple pathology the total figures are larger than the number of individuals visited. It will be immediately obvious that the largest amount of disability arose from diseases of the blood vessels, which include cerebral vascular accidents, the various kinds of stroke. The next commonest cause was senility, including senile dementia, but without any other over-riding organic disorder. These two headings represent, of course, the type of degeneration most painful to be borne by its victim, of inability to help oneself and to depend on others, whose help may not always be ungrudgingly given. It is interesting to observe in 1964, as in other years the relatively small part taken by cancer as a cause of illness in old age. It is true that this disease is the second commonest cause of death and most of its victims are elderly, but it is not apt to occasion that long-term increasing dependency which constitutes the outstanding need for admission to hospital or to other care.

TABLE XXXIII

	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents)	10	25	35
Myocardial degeneration	2	6	8
Chronic lung diseases	5	3	8
Chronic nervous diseases	—	1	1
Chronic arthritis deformans	—	1	1
Cancer, all sites	1	3	4
Diabetes	—	2	2
All other medical conditions, including acute illness	4	4	8
Surgical Conditions, and Fractures	3	5	8
Senility, including Senile Dementia	10	12	22
Incontinence, either or both, a complicating factor ...	5	11	16
Undefined and Non-medical conditions	1	2	3

For this year I have combined two Tables in Table XXIV, which shows the age distribution and the social status of the individuals investigated. The predominant number of widowed women in the sample will at once strike the observer, illustrating the greater longevity of the female sex and hence the likelihood for any married woman that eventually she will be a widow. Single persons of either sex represented a very small proportion of the total.

TABLE XXXIV

	Age Groups						Age Groups						
	Not stated	60—69	70—79	80—89	90 and over	Total men	Not stated	60—69	70—79	80—89	90 and over	Total women	Total persons
Married	—	1	4	5	—	10	—	2	7	1	—	10	20
Widowed or Separated	—	1	7	7	1	16	—	3	20	17	3	43	59
Single	—	—	1	1	—	2	—	1	—	—	—	1	3
Not stated	—	—	1	1	—	2	6	—	1	—	—	7	9
Total ...	—	2	13	14	1	30	6	6	28	18	3	61	91

The next Table is slightly shorter than the comparable analysis for last year and this year I have included incontinents, whether urinary only or of urine and faeces among the disabilities listed in Table XXIII. As will be appreciated, this disability greatly adds to the misery of those afflicted with other morbid conditions. In Table XXXV for this year will be seen an analysis of mental state, mobility, sight and hearing, all four being faculties subject to limitation and deterioration through wear and tear. With regard to mobility, foot defects of all kinds are an important factor under this heading and the chiropody service established in 1964, and of which a note will be found on another page, should help greatly towards diminishing this handicap. On the other hand, shoe fashions in younger years are a potent cause of later defect. Unfortunately so few young people seem to appreciate the need to regard the end, and as an experienced headmistress remarked to your Medical Officer of Health, actually in the context of smoking, no girl of 15 envisages herself at 45; *a fortiore* still less at 65 plus! One of the most difficult problems in approaching young is to impress the inevitability of old age and the rapidity with which one will reach it.

TABLE XXXV

		Men	Women	Total Persons
Mental State	Clear	13	22	35
	Confused at times	7	16	23
	Very confused	4	9	13
	Not assessed	6	14	20
Mobility	Outdoors with assistance ...	—	1	1
	Housefast	8	9	17
	Bedfast	17	38	55
	Not assessed	5	13	18
Sight	Failing	2	12	14
	Blind	4	2	6
	Normal for age	17	32	49
	Not assessed	7	15	22
Hearing	Deafened	11	20	31
	Normal	12	26	38
	Not assessed	7	15	22
District nurse in attendance		4	23	27
Home help in attendance		1	5	6

Once again your Medical Officer of Health would like to advert to the relatively small use made by these patients of the district nursing and home help services. He has commented upon this before and feels that it is something that might yet merit a detailed job analysis survey.

Last of all, in Table XXXVI will be seen an analysis of who in fact cares for the elderly citizen in his or her own home. Where married partners are alive it is natural that they should care for each other, but the predominant part taken by daughters in assistance given to older women is very obvious in the right-hand column. Again it is worth observing how much better off men in Darlington are in respect of hospital facilities than women and some kind of equivalent institution to the Hospital of St. John of God, but in the hands of a female Order of religious, would be most helpful.

TABLE XXXVI

Cared for by:	Men	Women	Total
Married partner	8	9	17
Daughter	8	28	36
Son and daughter-in-law	5	8	13
Brother or sister, blood or in-law	1	2	3
Grand-daughter, niece or grandniece	2	1	3
Housekeeper	1	—	1
Friend or neighbour	2	2	4
No-one or uncertain	3	11	14
Total ...	30	61	91

Incontinence Pads

In this context it will be appropriate to supply a note, as requested by the Ministry of Health, on the provision of an incontinence pad service, as was suggested in Ministry of Health Circular 14/63.

Neither your Superintendent Health Visitor nor your Superintendent of the home nursing service has found the use of these pads particularly helpful and though in 1963 I submitted a report to my Committee about the possible institution of a service whereby pads should be supplied gratis, or at a small cost, to those at need, the experimental phase failed to develop sufficiently to justify any further report. Prior to 1963 a stock of about 500 pads had been acquired and some of these have been distributed both by health visitors and home nurses to persons who might be thought to benefit from them, no charge being made to date for this supply. While your Medical Officer of Health is inclined to believe from first principles that the availability of incontinence pads would be helpful to a number of elderly chronic sick and also acutely sick persons, those in actual contact with patients do not appear to share this opinion. Possibly the problem of disposal of such pads has been a factor to influence their point of view, since such disposal can be no easy matter, particularly in premises where open fires are at a discount.

§ 3. ACCIDENTS IN THE HOME

As in previous years accidents in the home reported by health visitors showed an uneven distribution among the various districts; out of 12 incidents one health visitor reporting 7, another two 2 each and one a single accident. The number reported upon is doubtless a small proportion of the total occurring and all were fortunately of no very grave effect, though hospital treatment was given in 10 cases and 8 were retained for a time as in-patients. The 7 boys and 5 girls reported upon divided as follows according to age:

Under 1 year	3
1 to 2 years	5
2 to 3 years	3
Over 3 years	1

Burns from unguarded fires, electric irons or, in one case, a burst electric light bulb were 5, scalds by hot fluids 4, burn by carbolic acid 1, injury from a broken glass 1 and a fractured skull by fall from pram 1. There was some degree of negligence in the care of the child in 4 instances, though on no occasion was there any obvious culpability.

It will be appreciated that this item is included in the report as a token illustration of the concern felt by the Health Department for accidents of all kinds, in the home and outside it, and to adults as much as to children. Your Medical Officer of Health shares the widespread opinion that here is a major matter for concern from the angle of prevention. It is not suggested that all accidents at any age are to be prevented and among children some are the inevitable result of adventurousness and high spirits, to put a curb on which would provide a remedy worse than the disease. On the other hand, minor carelessness is perhaps the most important single factor, as even this short list illustrates, and perhaps the most important approach to the prevention of accidents is a psychological one, to combat and overcome the widespread delusion "It cannot happen to me".

PART VII

Other Services

§ 1. HOUSING

General

A number of persons appealed to your Medical Officer of Health during 1964 for special consideration on account of medical conditions adversely affected by their housing circumstances and several of them were represented to the Special Sub-Committee of the Housing Committee. An anlysis of these cases is shown as under:

B. Unsatisfactory environment exacerbating duodenal ulcer. Applicants were handicapped by their not being married.

F. Severe rheumatoid arthritis needing ground-floor accommodation.

J. Two sisters, one a chairborne hemiplegic requiring ground-floor accommodation.

McG. Two sisters in bed-sitting room, one with tuberculosis needing a room of her own.

R. Hemiplegic in three-storeyed house, but himself confined to sub-basement. The objection of the Housing Department that the house had enough room was in fact the very reason for rehousing; there was too much.

C. Sufferer from cancer needing a smaller house to complete usefully the remainder of her life.

L. An asthmatic living in condemned house, but handicapped for rehousing by being stranger to town.

Wr. Cardiac invalid in tied house with care-taking commitments and also a physically handicapped daughter.

G. Wife confined to ground-floor by arthritis deformans and husband a cardiac invalid. The wife was of pensionable age, but not the man.

Ws. Divorcee returned from abroad and living in mother's house under medically embarrassing conditions.

I. Active pulmonary tuberculosis in overcrowded circumstances.

Hl. Man invalid from two coronary thromboses and wife incipiently blind living in an inconvenient and inferior house.

Hy. Woman with rheumatic heart living in a damp and deteriorating house.

Wn. Two sisters, one cardiac invalid due to coronary thrombosis and the other suffering from rheumatoid arthritis in need of ground-floor accommodation.

Whilst it will be agreed that the above itemised socio-medical problems will not be solved by rehousing, in all of them it will be possible by the provision of appropriate Corporation accommodation to assist materially their state of life. Your Medical Officer of Health is glad to say that the Housing Committee accepted all these for the earliest possible rehousing.

Pensioners' Bungalow Enquiry

The same procedure was maintained during 1964 as in previous years respecting applicants for pensioners' accommodation, bungalows or ground-floor flats, and in all 142 new applicants named by the Borough Treasurer, with an additional 24 cases brought to the notice of your Medical Officer of Health and seen out of turn, were investigated. It will be seen how this number compares with previous years when it is remembered that 109 applications were considered in 1963, 90 in 1962, 86 in 1961 and 133 in 1960. Your Medical Officer of Health would like to repeat what he has said on previous occasions, that he welcomes this opportunity to investigate the situation of so many older citizens in Darlington whose needs and welfare are undoubtedly a top priority of the public health service. The total number of individual persons investigated was 161. The following Table shows the work carried out and it will be noted that a certain number of applicants named by the Housing Department were not in fact contacted for a variety of reasons, sometimes, for instance, that they had made their own arrangements and no longer wished to be considered.

TABLE XXXVII

	Priority	Recommended	Retain without urgency	May be postponed	Total cases investigated	Made own arrangements	Died before visit	Untraced	Seen out of turn earlier	Total cases named to Health Department
Couples living in rooms	—	—	1	—	1	—	—	—	—	1
One person living in rooms	1	5	6	2	14	7	1	7	1	30
Couples tenants of house	—	4	10	1	15	—	—	2	—	17
One person tenant of house	—	10	16	7	33	4	—	7	1	45
Couples owner-occupiers	—	2	2	1	5	—	—	1	—	6
One person owner-occupier	—	2	7	3	12	3	2	2	—	19
Couples tenants of Council houses ...	—	5	3	1	9	1	—	1	—	11
One person tenant of Council house	—	1	9	—	10	2	—	—	1	13
Couples seen out of turn	3	4	1	—	8	—	—	—	—	8
Single persons seen out of turn ...	3	9	4	—	16	—	—	—	—	16
Total ...	7	42	59	15	123	17	3	20	3	166

The same breakdown as in 1963 has been adopted this year and shows as follows:

Final Marking

Ungraded or awarded no marks	0	(4)
Awarded ½ mark	8	(9)
Awarded 1 mark	26	(23)
Awarded 1½ marks	40	(24)
Awarded 2 marks	42	(42)
Awarded 3 marks	7	(7)

Adjustment

Content	50	(41)
Adjustment fair	47	(53)
Overall unhappy	19	(20)
Miserable	5	(3)
Ungraded	2	(2)

Housekeeping

House-proud	8	(8)
Good standard	61	(51)
Adequate standard	38	(39)
Sub-standard	6	(5)
Ungraded	10	(6)

Age Distribution

60-64 years	34
65-74 years	101
75-79 years	15
80 years or over	11

Civic state

Married couples	38	(40)
Widowed men	4	(4)
Single men	1	(1)
Widowed women	65	(51)
Separated or divorced women	4	(3)
Single women	11	(10)

The circumstances of the 7 cases awarded priority were as follows:

A/64 Widow with arthritis and psychosomatic exczema, the latter due to adverse family conditions at place of residence.

Ck/64 Widow with secondary carcinomatosis, though with prospects of several months of useful activity.

Cy/64 Man and wife, both suffering from arthritis deformans and unable to live satisfactorily under present conditions.

F/64 Widow with functional heart disturbance due to stress situation in daughter's house.

H/64 Man and wife, husband suffering from weak heart following coronary thrombosis and needing to sleep on ground-floor.

Wd/64 Widow suffering from weak heart and angina. Sister lives in same household with arthritis deformans.

Wn/64 Man and wife, the latter with acute anxiety arising from impending demolition of house.

The Dynamics of Old Age

A total of 40 visits were made to applicants who had been seen on previous occasions and the consequent action is shown as follows:

	Upgraded	Mark unchanged	Downgraded
First seen in 1959	–	–	–
First seen in 1960	3	1	–
First seen in 1961	3	–	–
First seen in 1962	7	3	–
First seen in 1963	13	7	–
First seen earlier in 1964	2	–	1

In respect of those upgraded, a strong recommendation for rehousing was made and 8 were awarded priority, for the following reasons:

B/63 Man and wife, both with asthma and bronchitis, and deteriorated since first visit.

C/63 Man seriously ill with bronchial asthma.

S/63 Wife suffering from carcinomatosis and consequential serious disabilities.

V/63 Man suffering from asthma and bronchitis and wife from effects of stroke.

B/62 Widow living in daughter's house with further illnesses since first visit.

T/62 Wife had extensive operation and unable to manage present house.

H/61 Deterioration noted over three years, wife having heart failure.

S361 Householder now a widower and has had coronary thrombosis.

Of all these priority applicants 6 have been rehoused, one of them from among those seen in 1964. This number is included in a total of 46 applicants investigated at various times who were rehoused in 1964, as follows:

First seen in 1959	6
First seen in 1960	11
First seen in 1961	7
First seen in 1962	9
First seen in 1963	9
First seen in 1964	4

Slum Clearance

During the year 3 clearance areas consisting in all of 112 houses were confirmed and 5 further clearance areas, representing 69 houses, were represented.

§ 2. METEOROLOGY AND ATMOSPHERIC POLLUTION

During the year, observations continued to be taken and the following report summarises them; it was submitted by the Chief Public Health Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXXVIII

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1964

Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Farenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.50	29.20	52	24	.42	.18	13	12
February	30.80	29.00	56	20	1.05	.34	23	12
March ...	29.95	29.00	49	31	3.57	1.12	14	22
April ...	30.20	29.10	66	32	1.92	.41	18	17
May ...	30.25	29.00	78	40	.84	.22	7	8
June ...	30.15	29.25	77	41	1.76	.27	20	16
July ...	30.20	28.90	81	44	1.90	1.12	18	7
August...	03.40	28.80	81	41	2.14	.41	8	17
September	30.40	28.85	76	35	1.60	.77	16	9
October	30.30	28.40	65	31	.70	.25	20	9
November	30.35	28.80	57	21	.86	.16	20	15
December	30.20	28.65	55	13	2.20	.71	12	17
Totals ...	—	—	—	—	18.96	—	—	161
Averages	—	—	—	—	1.58	—	—	13

Atmospheric Pollution

Darlington is one of the 16 constituent member authorities of the Tees-side Clean Air Committee which operate a total of 57 deposit gauges (Darlington 4), 14 lead peroxide instruments (Darlington 1) and 25 volumetric smoke filters (Darlington 2).

Your Chief Public Health Inspector or his representatives have attended the meetings of the Committee and the seven meetings of the technical sub-committee. Those members whose authorities are actively concerned with smoke control orders were interested in the various problems associated with the use of hard coke, and in the experiments with the burning of hard coke regarding emissions.

In Darlington, your inspectors made 36 observations relating to all types of pollutant emissions, and 111 interviews or visits to plants were made regarding emissions.

Noteworthy improvements are the demolition of the troublesome Memorial Hospital chimney and the bringing into operation there of the new plant, also the demolition of the northern section of Pease's Mill with its resultant reduction in the load on the boiler plant. Many other worthwhile improvements have been noted, amongst which are several conversions of plant from solid fuel to oil burning.

Domestic Smoke Control

In accordance with a resolution of the Council, a detailed report was prepared on the medical, technical, financial and problematical aspects involved in the implementation of a continuing programme of smoke control areas which ultimately would make Darlington smokeless. The Health Committee after due consideration of the report, approved in principle that the smokeless zone provisions of the Clean Air Act be implemented, but decided that the time was inopportune in view of the present difficulties and uncertainties in obtaining supplies of the appropriate fuels.

New Furnaces and Chimneys

With certain exceptions, contractors are under an obligation to give notices of intention to instal new furnaces. For the purposes of administration, such notices are usually sent to the Borough Surveyor, and a valuable liaison has developed between his Department and mine whereby we seek to ensure that new furnaces are capable of continuous operation without emitting smoke, and that new chimneys are of sufficient height to prevent low level concentrations of such emissions as would be prejudicial to health.

Pollution from External Sources

Complaints and press publicity not infrequently focus attention on the smells which emanate from the Tees-side industrial belt, and the haze which obscures the sun and darkens our days.

The geography of the area is naturally conducive to mist formation, and the combined effect on mist of the various emissions which are inevitable from a heavy concentration of industry produces adverse atmospheric conditions.

I am assured, however, that active measures are constantly in operation to control or treat those emissions and effluents, especially those which give rise to the characteristic "tom cat" or fishy odours which sometimes pervade the atmosphere.

Many people will argue that the success of these measures has not been very apparent, but on reflection one realises how much worse the atmospheric conditions would have been but for the combined efforts of local authorities and industrialists, and we must be hopeful that through continuing efforts, the complex technical problems will be solved.

Standard Deposit Gauge Results—Insoluble Matter

Average Monthly Deposits in Tons per Square Mile

	Industrial			*Semi-Industrial*			*Residential*		
	1964	1963	1962	1964	1963	1962	1964	1963	1962
Darlington	8.00	9.05	7.25	3.85	4.29	4.19	3.02	4.17	4.07
Tees-side	17.59	20.03	21.82	8.88	10.86	10.90	5.60	6.34	6.08

Deposit Gauges measure only deposited matter in the close vicinity of the source. Suspended matter, of which domestic smoke is largely composed, is more accurately measured by volumetric smoke filters, figures from which appear in the following table.

Summary of Smoke Filter Readings in Darlington for the year 1964

	Highest	*Lowest*	*Average*
Victoria Road (January to March)	476	84	230
Skerne Park (April to December)	678	4	113
Gladstone Street	732	12	129

It should be noted that the volumetric gauge was removed from Victoria Road to Skerne Park on 7th April, 1964.

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
Average %	6	11	10	5	9	36	14	6	3

§ 3. LABORATORY SERVICE

The resignation of Dr. D. H. J. Payne from the post of Director of the Public Health Laboratory, Northallerton, in 1964, in order to obtain a similar appointment at Portsmouth, was a considerable loss to this department because Dr. Payne, your Medical Officer of Health and your Chief Public Health Inspector, had always worked with the greatest amity and concord. Among numerous examples of such fruitful co-operation, the outbreak of salmonellosis in 1962 is outstanding, but was only the most recent of several. Dr. Payne's place has been taken by Dr. J. G. Wallace under the happiest of auspices and we have every hope that a similarly satisfactory relationship will be maintained.

During 1964 the normal use was made of the Public Health Laboratory without there being any particular matter to arouse special interest or concern. Mr. W. G. Carey continued to act as Public Analyst and to carry out chemical examinations as required.

§ 4. MEDICAL EXAMINATIONS

During 1964 a necessary step towards rationalisation of the medical examination of staff was belatedly taken. Your Medical Officer of Health has often remarked in previous reports that a good deal of man hours are taken up in such medical examinations which cannot be justified by the results

achieved, and the present policy as approved by the Council has been to abandon medical examination as a routine measure except in respect of certain categories of employees whose potentially ill health constituted a risk to other people. A school teacher, for instance, should not suffer from tuberculosis, nor from a psychotic condition that might prejudice his or her relations with children, and hence an up-to-date X-ray of chest, whether by mass miniature radiography or otherwise, is required for all school teachers taking up new appointments. These considerations equally apply to persons employed by the Children's Department and food handlers, whatever the department which employs them, similarly are a source of potential danger. The present procedure is to require all new employees to read carefully and sign a form declaring their freedom from particular defects and their general good health, with the understanding that an intentionally false statement would lead to their dismissal. Detailed physical examination is given where particular indication for it arises, or where as indicated above the appointment itself calls for an objective appraisal. This, of course, does not affect the medical examinations, which may be very difficult, in connection with sickness benefit and fitness or otherwise for continued employment. This is a very rich field for psychosomatic illness of all kinds and, though perfectly real to the patient, may be very difficult to establish by means of objective physical signs.

TABLE XXXIX

Medical Examinations of Corporation Staff

DEPARTMENT	Sup'ation		Sick Pay		Periodicals, etc.		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's	...	...	...	...	...	...	...	...	...
Civil Defence	...	...	...	...	...	...	...	...	...
Education	...	...	...	18	22	28	22	46	68
Fire	...	...	...	...	6	...	6	...	6
Health	...	...	...	5	...	...	...	5	5
Library and Museum ...	2	...	...	...	...	1	2	1	3
Markets	...	...	...	...	2	...	2	...	2
Parks, Cemeteries and Baths	1	...	2	...	4	...	7	...	7
District Nurses	...	...	...	...	...	...	...	...	...
Surveyor's (incl. Water)	8	...	13	...	26	...	47	...	47
Town Clerk's	...	...	...	...	...	...	...	...	...
Treasurer's	...	...	...	...	...	...	...	...	...
Transport	...	...	...	2	17	3	17	5	22
Weights & Measures ...	...	...	...	...	...	...	...	...	...
Welfare (incl. East Haven Hos.)	1	...	...	2	1	4	2	6	8
Others	...	...	...	...	...	3	...	3	3
TOTALS ...	12	...	15	27	78	39	105	66	171

§ 5. WATER SUPPLY AND SEWAGE DISPOSAL

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.C.E., A.R.I.C.S., to whom I am indebted :

" **Water Supply**—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

During the year bacteriological examinations of the raw, filtered and chlorinated water were made on 161 occasions and on tap water from different areas of the town on 54 occasions.

Details of the total water consumption per year since 1955 are given below. The water consumption increased by 66,350,000 gallons during the year. The figures for 1955 and 1957 to 1960 include water supplied in bulk to the Tees Valley and Cleveland Water Board.

Year ending 31st December	*Gallons Pumped*
1955	2,098,370,000
1956	1,883,040,000
1957	2,069,980,000
1958	2,060,310,000
1959	1,991,720,000
1960	2,039,230,000
1961	2,031,665,000
1962	2,045,440,000
1963	2,135,810,000
1964	2,202,160,000

The Water Resources Act, 1963 provides for the establishment of the new Northumbrian River Authority with powers to control abstraction of water from rivers and other sources.

Whereas the Corporation now have unlimited powers of abstraction from the River Tees, and the Tees Valley & Cleveland Water Board have limited powers of abstraction, all future abstractions will be limited by licences to be granted by the River Authority as from a date in 1965 to be fixed by Statutory Regulations.

The Tees Valley and Cleveland Water Board's new 4,000 million gallon reservoir at Balderhead is now nearing completion and this is to be followed by a further Impounding Reservoir in Upper Teesdale, all designed to conserve water in the gathering grounds of the River Tees for the expanding industrial use on Tees-side.

Darlington's supply is pumped, after treatment, direct to the town and to a 7 million gallon service reservoir at Harrowgate Hill.

In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

The approximate number of dwelling houses within the Borough is 27,974. The whole of these are supplied by water mains direct into the houses except 7 which are served by stand pipes, i.e., out of a total population of 84,320, 25 are served by stand pipes.

Sewerage—A scheme for the next stage of the Main Outfall Sewer from Feethams to the connection with the new Cocker Beck Valley Sewer at Valley Street has been approved in principle by the Ministry of Housing and Local Government.

Sewers in connection with the development of land in Yarm Road area for industrial purposes and also to take flow from an existing factory have been laid to discharge into the Geneva Road and Geneva Road Relief Sewers. Surface water sewers have also been provided to drain the surface water from the area into the Cree Beck.

Sewage Disposal Works—Modernisation of the Sewage Disposal Works is being carried out in stages.

The final stage of the extensions, costing £398,000 are now in progress to provide additional settlement tanks, biological filters, humus tanks, pumping station and heated sludge digestion plant. When completed the extended works will give full treatment to three times the estimated dry weather flow of 4.25 million gallons per day and will enable land irrigation to be discontinued and this land to be used for agricultural purposes. The extensions are designed to treat the sewage by modern methods of recirculation or alternating double filtration.

Disposal of the Dead—Three cemeteries with a total area of 93 acres of which 61 acres are laid out situated in different parts of the town provide adequate facilities for burial. These cemeteries are properly planned and are well maintained.

The Corporation have taken over the service of the Crematorium in the West Cemetery.

§ 6. PUBLIC BATHS DEPARTMENT

The Darlington Public Baths Department, Gladstone Street, comprises two swimming pools and warm bath suites :—

The Gladstone Pool—100 ft. x 40 ft. (3½ ft. to 7½ ft. depth), capacity 140,000 gallons. Cubicles and clothes lockers provide dressing accommodation for 250 persons each session. Pool fittings include graduated 3 meter diving stage. This pool opens for bathing between April and September inclusive each year.

The Kendrew Pool—100 ft. x 48 ft. (2½ ft. to 5¾ ft. depth), capacity 100,000 gallons fitted with 78 dressing cubicles. The overall shallowness of this pool provides ideal facilities for swimming teaching, and is largely used by the Education Committee for organised schools classes who attend throughout the year.

Ladies' and Gents' Warm Baths. 14 cubicles in all. With the building of new housing estates and modernisation of old housing, all possessing integral baths facilities, the demand for public warm baths has for some years been steadily declining, but a useful service is still provided.

Altogether for the full year 1964/65 a total of 346,696 persons enjoyed one or other of the department's bathing facilities.

Organised Swimming

Free Tuition Classes—organised by the department for children between the ages of 6 and 11 years is most successful and there is generally a long waiting list of children's names who wish to participate. During the past year 402 Corporation certificates have been awarded to children successfully swimming unaided the width (48 ft.) of the Kendrew Pool. Since the commencement of the scheme over 4,000 children have qualified as competent swimmers.

Poliomyelitis and Handicapped Children Classes—this class now consists of polio, and physically and mentally handicapped patients. Averaging approximately 50 attendances to the reserved session each week, all appear to enjoy the warm water (82 degrees F.) and many are attaining some floating ability if not actual swimming.

Adult Classes—sponsored by the Central Council for Physical Recreation, this activity fills a long neglected need and provides swimming teaching for adult non-swimmers. The success of the classes is remarkable in that about 90% of participants are swimming by the end of the eight week course.

Darlington Schools—The demand by the schools for swimming facilities continues to increase from year to year, and a total of 90,427 which is approximately 10,000 more than for the previous year, were admitted during 1964/65, and the time table allocation for schools was strained to the limit.

Pool Water Purification

To attain and maintain Ministry of Health recommended standards of bacteriological safety, the water in both pools is continuously circulated with a 3 hour 'turnover' period through a battery of sand filters. Treated by the 'Breakpoint' technique of water sterilisation resulting in the provision at all times of a sterile water comparable to drinking water, and of a crystal clear blue colour. The water is re-heated to a minimum of 80 degrees F. before returning to the swimming pools. In maintaining the safe and comfortable water conditions demanded by the public, over 3,000 pools water tests were taken during the year for temperature, pH and total alkalinity, and for chlorine residuals. Additional to this total a total of 76 samples of water were sent to the Public Health Laboratory for bacteriological examination were certified by Dr. Payne to be pathogenically safe and the equal of the Ministry of Health requirements.

PART VIII

Sanitary Circumstances

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

I have pleasure in presenting my annual report of the work carried out by the Public Health Inspectors' Department during the year 1964. The report as usual is a statistical survey of our work, interspersed with notes of interest.

The analysis of inspections reveals that a reasonably satisfactory coverage of our work under most of its respective headings has been maintained, but reference to the body of the report shows only a token number of inspections under the Offices, Shops and Railway Premises Act, and that inspections under the Factories Act were low in relation to the total number of factories.

We were deeply shocked in the early part of the year by the sudden death of Arthur Theakston, a District Public Health Inspector for nearly 25 years. Mr. Theakston was a loyal colleague who gave devoted and efficient service to the Corporation, and his presence and wise counsel in the Department have been sadly missed.

Serious efforts have been made to find a replacement for Mr. Theakston and to increase the establishment of inspectors as authorised, but all advertisements to that end met with a negative response. This is a matter for some concern because despite our efforts to maintain efficiency, we find it increasingly difficult to plan ahead or to embark with enthusiasm on new tasks which await to be done. The Offices and Shops Act, to which I have already referred, and the section of the new Housing Act dealing with Improvement Areas open up important new fields in which we are anxious and willing to play an active part because of the benefits which will accrue to people in their places of work and in their homes.

The epidemic of typhoid in Aberdeen had its repercussions in Darlington insofar as it created additional work in the checking of stocks of corned beef throughout the town, but it also highlighted the importance of food hygiene, of which fact we were not slow in taking advantage.

In the section on Food Hygiene, I have also referred to a report of a working party which had investigated the incidence of salmonella organisms found in slaughterhouses and abattoirs and their relationship with human infection by similar organisms. The lessons to be learned from this report are of great importance to Darlington as a major slaughtering centre.

I have reported that the outward progress of residential development has encroached upon the erstwhile remoteness of an offensive trade. Whilst we shall do our utmost to ensure that the residents are not subjected to malodorous effluvia, it is anticipated that complaints will be more frequent despite the fact that the best practicable means of reducing smells may be in operation.

I will conclude by paying tribute to the enthusiasm and loyalty of my staff, to the Medical Officer of Health for his friendly advice and encouragement, and to the members of the Health Committee for their support.

I have the honour to be,

Your obedient Servant,

F. WARD,

Chief Public Health Inspector and
Inspector of Meat and Other Foods.

ANALYSIS OF INSPECTIONS

Housing Conditions

Housing Inspections...	941
Slum Clearance	1,000
Improvement grants	278
Certificates of disrepair	29
Re-inspections	1,465
Overcrowding and re-housing investigations ...	67
Living vans	729
Common lodging houses	6
Sundry nuisances	269
Interviews with owners, builders, etc.	1,768
	6,552

Food Inspections

Abattoir	756
Private slaughterhouses	880
Registered food premises	167
Food shops	738
Unsound food	292
Catering premises	206
Bakehouses	72
Fish friers	54
Ice cream manufacturers	28
Ice cream vendors	192
Dairies and milk shops	143
Licensed premises and clubs	16
Market shops and stalls	215
Samplings	262
	4,021

Sundry Inspections

Rat infestation	2,414
Infectious diseases and contacts	249
Offices, shops and railway premises	8
Factories, outworkers and workshops	133
Pharmacy and Poisons Act	7
Offensive trades	56
Smoke abatement	567
Disinfections and disinfestations	598
Pet animals	50
Miscellaneous inspections	1,120
Ineffective visits	1,161
	6,363

Total Inspections

Housing conditions	6,552
Food inspections	4,021
Sundry inspections	6,363
	16,936

Nuisances and Complaints

New oil-fired boiler plant and a temporary chimney have been installed at the Memorial Hospital to replace the old coal-fired boilers and chimney which have been demolished, and thereby a troublesome source of grit and ash nuisance has been eliminated.

Investigation of a complaint regarding the toilet facilities at a bus station revealed a sorry story of the needless inconvenience and expense created by wanton acts of vandalism. It is another sad reflection on a certain section of modern society, and beyond logical explanation as to why this element seeks to destroy or damage so many of the amenities enjoyed or paid for by the community at large.

Efforts were made during the year to bring about an improvement in the refuse storage arrangements at some of the older houses in the Springfield area which were served by ashpans in covered ashpit compartments. Most of these have now been replaced by approved receptacles, either in the form of portable or tipping dustbins.

Legal powers contained in the Public Health Act, and the Darlington Corporation Act to which we rarely have recourse, were invoked to deal with the tenant of a dirty house in the hope of bringing about an improvement in the condition, or creating a situation in which the tenant would be forced to quit. Legal proceedings produced neither of these results, and although a daily penalty was imposed, the enforcement of this would inevitably have resulted in the tenant's committal to prison without necessarily affecting his tenancy. The matter was therefore referred back to the owners to apply for an eviction order.

§ 2. LIVING ACCOMMODATION

Repairs

	Number of Houses
Informal Action	
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	334
(2) Number of houses in which insanitary conditions, not strictly of a structural character, were remedied ...	33
Action under Statutory Powers	
(*a*) *Proceedings under Section* 9, *Housing Act*, 1957 :	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	9
(2) Number of dwelling houses rendered fit after service of formal notices :	
(a) by owners	10
(b) by Local Authority in default of owners ...	2

(*b*) *Proceedings under the Public Health Acts :*

(1) Number of dwelling houses in which defects were remedied after service of formal notices :

(a) by owners	78
(b) by Local Authority in default of owners ...	—

(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices 23

(3) Total number of defects remedied as a result of informal and formal action 1.691

Demolition and Closing Orders

Housing Act, 1957

	Houses	Persons Displaced
(a) Houses closed in pursuance of an undertaking given by the owners under Section 16, and still in force	1	5
(b) Demolition or Closing Orders made under Section 17(1)1 and 18(1)	1	5

Clearance Areas

During the year, official representations were made in respect of the following areas:—

Area	Number of Properties
Valley Street North (C.P.O.)	15
Alliance Street No. 1 (C.P.O.)	4
Alliance Street No. 2 (C.P.O.)	4
South Street (C.O.)	5
Dalton Street (C.P.O.)	41
	69

The Minister confirmed the Model Place and Freeman's Place Nos. 1 and 2 Compulsory Purchase Orders which included 112 houses.

All houses included in the Oxford Street, Wooler Street and Longfield Road Compulsory Purchase Orders were demolished during the year.

The houses covered by the Oxford Street Clearance Order, namely, Peaceful Valley and two houses in Oxford Street were vacated but not demolished, and by the end of the year the property was derelict and had become a potential source of nuisance. A clearance order places the responsibility for demolition upon the owners of the property.

Housing

The Housing Act, 1964 brought into operation some important new provisions, and of particular interest to this Department are those concerning the improvement of dwellings, and the further strengthening of the law relating to houses in multiple occupation.

Local authorities are now empowered to declare areas as Improvement Areas in which compulsory improvement can be required of houses lacking in one or more of the standard amenities. Furthermore, compulsory improvement may also be required of individual houses so lacking, even although they are not in Improvement Areas, if a Local Authority gives favourable consideration to representations made by the tenants.

These new powers for the improvement of houses are not only welcome in themselves, but they may well be the means of paving the way towards the introduction of a new standard of fitness for human habitation. The criteria set down in the present standard contained in the Housing Act, 1957 whereby a house is adjudged to be fit or otherwise are related more to health than present-day needs, and it is contended that new criteria should take into account the lack of standard amenities, and also the lack of maintenance necessary to preserve the structural fabric of houses.

With regard to Houses in Multiple Occupation, the new Act introduces Control Orders which empower local authorities to take immediate action to bring houses under their stewardship when conditions are so bad that the tenants must be protected. Bad living conditions would be rectified during the period of stewardship.

I am not aware of any conditions of such squalor as would justify such drastic action in Darlington, and therefore I am more interested in the amendment which now makes it possible to require works of improvement to make a house suitable for a smaller number of persons than that accommodated for the time being, and simultaneously to specify that number. The Act also gives a greater measure of security to local authorities who execute works in default.

RENT ACT, 1957

Applications made under the Act during the year were as follows:—

(a)	For Certificates of Disrepair	12
(b)	Certificates refused or withdrawn	1
(c)	Undertakings received	10
(d)	Certificates issued	1

Offices, Shops and Railway Premises Act, 1963

The object of this Act is to make fresh provision for securing the health, safety and welfare of persons employed to work in offices shops and certain railway premises, by raising the standard of working conditions.

These provisions relate to cleanliness, overcrowding, temperature, lighting and ventilation, sanitary and washing facilities, drinking water, eating and seating facilities, prevention and notification of accidents, first-aid and fire precautions.

The Act came into operation on 1st May so far as registration of premises was concerned, and the enforcement provisions became operative on 1st August in respect of all premises to which the Act applies with the exception of those in covered markets.

The health and comfort provisions of the Shops Act, 1950, with which this Department was concerned, are repealed, having been replaced by much more extensive provisions.

Regulations were made during the year determining for the purposes of the Act what is suitable and sufficient by way of sanitary conveniences and washing facilities, but these will not become operative until 1st January, 1966.

Registered premises and inspections carried out during 1964 are as follows:—

Class of Premises	Number of Premises registered during the year	Total number of Registered Premises at end of year	Number of Registered Premises receiving a General Inspection during the year
Offices	207	206	—
Retail Shops	443	441	1
Wholesale Shops, warehouses ...	39	39	1
Catering Establishments open to the public, canteens ...	50	50	—
Fuel Storage Depots	—	—	—
Total ...	739	736	2

Number of visits of all kinds by Inspectors to Registered Premises 8

Analysis of Persons employed in Registered Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	2,757
Retail Shops	3,151
Wholesale departments, warehouses ...	348
Catering establishments open to the public	487
Canteens	59
Fuel Storage depots	3
Total ...	6,805
Total males ...	2,499
Total females	4,306

Apart from registration of premises and preliminary organisation of the administrative work, very little else was done as may be seen from the above figures. It had been recognised at the outset that implementation of the Act would present some problems because of a staff shortage rendered more acute by the sudden death of a senior inspector, and accordingly a special report was submitted to the Health Committee at their request. The report, which contained proposals for increasing the establishment was accepted, and authority was eventually given for appointments to be made, but unforunately the advertisements for inspectors produced a negative response. We did, however, secure the services of an additional male clerk as recommended in replacement of a part-time junior female clerk.

Noise Abatement Act, 1960

Complaints of noise have fallen into three categories:—

1. Barking of dogs
2. Ice cream vendors' chimes.
3. Industrial noise.

All complaints have been investigated and followed up by informal approaches. Dog noises invariably are private nuisances, and neighbours are usually advised as to the course of action that is open to them, and the correct procedure to be adopted.

Two sources were involved in complaints of industrial noise, and the premises concerned have been kept under observation over a period of time.

Insect Pests and Disinfestation

The following table shows the number and type of infestation, etc., dealt with during 1964:—

Council house relettings	326
Infectious diseases	20
Ants	10
Cockroaches	23
Blowflies	2
Bugs	7
Clover mites	1
Wasps	31
Bees	3
Silverfish	3
Fleas	3
Caterpillars	2
Crickets	2
Maggots	2
Spiderbeetles	1

§ 3. FOOD HYGIENE

The outbreak of typhoid in Aberdeen, unfortunate though it was, did much to awaken public consciousness as to the importance of food hygiene, and to instil into food handlers the importance of their responsibilities to the public. The extent of the publicity given to the outbreak has been criticised, but it did a great deal of good, as did the local press campaign on hygiene. The immediate consequence was a significant increase in the number of complaints reaching my office regarding food, and alleged malpractices in food premises. We in this Department took full advantage of this general awareness by issuing letters of recommendation and propaganda leaflets to food handlers, and by seeking further improvements in food premises.

The covered market was a target for criticism, some of which was directed at the arrangements for the storage and disposal of refuse. These arrangements have been improved, and the interior of the market has been re-painted.

One of the repercussions of the Aberdeen outbreak was to bring certain stocks of corned beef under suspicion, and it became necessary for stocks in warehouses, food shops and catering establishments to be examined in order that those bearing certain code numbers could be withdrawn from sale. This instruction created much additional work for the public health inspectors, but it resulted in several of the suspect cans being found in Darlington.

19 samples of corned beef submitted for bacteriological examination as a precautionary measure were all reported to be satisfactory.

Customers' complaints of unsatisfactory food always result in most thorough investigation, and a great deal of time is spent in conducting the enquiries. The majority of such complaints refer to foreign bodies or mould in food or to dirty milk bottles, and as these are usually indicative of carelessness somewhere in the production/distribution chain, it is customary to report them to the Health Committee.

A total of 51 food complaints were made during the year of which 14 were reported to the Health Committee. The committee authorised legal proceedings in 5 cases, letters of warning in 5 cases, and no further action in 4 cases.

Detail of legal proceedings are as follows:—

1. Mouldy jam sponge sandwich—Fined £20 + £7 7s. 0d. costs.
2. Mouldy pork pies—Fined £30 + £7 7s. 0d. costs.
3. Mouldy malted cake—Fined £10 + £4 4s. 0d. costs.
4. Mouldy bread—Fined £10 10s. 0d. + £10 10s. 0d. costs.
5. Metal in cherry sultana cake—Fined £10 + £5 5s. 0d. costs.

The total number of food premises and inspections in the various categories are as follows:—

Type of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	522	738
Markets	2	215
Catering premises	103	206
Bakehouses	45	72
Fish friers	46	54
Licensed premises	63	16
Registered food premises ... ... (for the manufacture of potted, pressed, pickled or preserved food)	66	167
Ice cream manufacturers	9	28
Vendors of pre-packed ice-cream	329	192
Vendors of unwrapped ice cream	42	
Dairies other than dairy farms	4	143
Milk distribution premises (ready bottled milk)	186	
	1,417	1,831

A report was published in January, 1964 by a Working Party of the Public Health Laboratory Service on the incidence of salmonellae in slaughterhouses and butchers' shops and their relation to human infection.

The investigation covered the period 1961 and 1962 and the results of samples of drain swabs and animal tissue from thirty-two abattoirs, including our own, were studied.

The report concludes that in general salmonellae were most frequently found in those abattoirs which slaughtered a high proportion of cattle and a low proportion of sheep, and it therefore suggests that cattle introduce salmonellae into abattoirs more often than other food animals.

The conditions of the abattoirs varied immensely, and it is interesting to note that at the Darlington Municipal Abattoir where a great number of aged cattle are slaughtered, the number of positive results obtained from drain swabs was quite high. Other factors include the length of time animals are held in lairage, but evidence is not sufficient to allow any definite conclusion to be reached. Meat wholesalers in this town are dissuaded from keeping animals in lairage by the levy of a charge for any period exceeding two days.

In attempting to link salmonellae found in humans with those found in slaughterhouses, the fact that meat from animals slaughtered in one place is often consumed in distant parts of the country presented difficulty. Moreover, in sporadic incidents of human infection, it is usually impossible to trace with certainty the vehicles of infection. However, in major outbreaks which generally are investigated more thoroughly, and in which the contamination is more widespread, the chains of infection frequently can be traced back to abattoirs.

The report confirms that pigs and not sheep are also a source of salmonella infection in humans.

The following samples were taken during routine sampling at slaughtering and meat manufacturing premises to detect the incidence of salmonella organisms:—

Samples submitted to the Public Health Laboratory	*Samples reported to be positive*	*Total positive Salmonellae*
16 sausage meat		Nil
2 pork pies		Nil
49 drain/sewer swabs	2 salmonella cubana	2
348 pig faeces		Nil
228 pig caecal swabs	1 salmonella dublin 1 salmonella typhimurium	2
220 pig mesenteric glands	2 salmonella typhimurium	2
Total 863		6

In addition, 161 samples of human faeces were submitted to the Public Health Laboratory in connection with 57 cases of suspected food poisoning and dysentery. 143 samples were negative and of the remaining 18 samples,

10 samples from patients were reported to be shigella sonnei
5 samples from contacts were reported to be shigella sonnei
1 sample from a patient was reported to be salmonella typhimurium
2 samples from contacts were reported to be salmonella typhimurium.

§ 4. PRODUCTION AND DISTRIBUTION OF MILK

The total number of persons/premises on the Register is as follows :—

Dairies	Other than Dairy Farms	4
Distributors	(a) Bottled milk only (as received)	186
	(b) Residing outside, but retailing inside the Borough	5

The Milk (Special Designation) Regulations, 1963

These Regulations re-enact with amendments the Milk (Special Designation) Regulations, 1960. The special designation "tuberculin tested" is replaced by "untreated", and the Clot-on-Boiling test formerly used on T.T. milk is replaced by the Methylene Blue test for "untreated" milk.

A general licence is introduced covering a five-year period from the date of issue, replacing the original annual licence, and thus resulting in a reduction of administrative work.

§ 5. FOOD AND DRUGS ACTS, 1938 to 1955

81 informal samples of various food and drugs were taken and submitted for chemical analysis.

Best of the Milk		1
Casserole steak		1
Chandy		1
Clotted cream		1
Crab paste		1
Cream		1
Creamed rice milk pudding		2
Cultured buttermilk drink		1
Essence of coffee and chicory		1
Fish cakes		8
Evaporated milk		2
Ginger beer		1
Ice cream powder		1
Instant apple flakes		1
Minced chicken in jelly		1
Mint in vinegar		1
Mustard sauce		1
Orange squash		1
Pork brawn (Complaint)		1
Pure pork		1
Salmon (Complaint)		1
Shredded beef suet		1
Shrimp paste		1
Skimmed milk		2
Smetana		1
Sterilised cream		1
Strawberries in syrup		1
Tomatoes (Complaint)		1
Tomato soup		1
Top of the milk		1
Vegetable oil		1
Vitacup		1
		42
Milk—Pasteurised	24	
Untreated	15	
		39
Total		81

Three of the samples, as indicated, were referred to the Analyst as a result of complaints from customers. The tin of pork brawn was reported to be faulty and as a result the food inside had deteriorated, the tin of salmon was satisfactory and the tin of tomatoes contained a wad of cotton wool.

The remaining samples were reported to be genuine.

The Liquid Egg (Pasteurisation) Regulations, 1963

These Regulations came into force on the 1st January, 1964 and require the pasteurisation, by a method prescribed, of liquid egg intended for use in food for human consumption. Egg broken out on the food manufacturer's premises, kept at a prescribed temperature, and used within 24 hours is exempt from this requirement.

There are no processing establishments within the County Borough area, and although this fact does not preclude the taking of samples from premises where liquid egg is used, no samples were procured during the year.

Bacteriological Examination of Milk

Samples have been taken throughout the year as a check on the efficiency of the pasteurising plants and the cleanliness of all milk retailed in the Borough, with the following results:—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Pasteurised	Methylene Blue	58	1
	Phosphatase	58	0
Untreated	Methylene Blue	41	10
Sterilised	Turbidity	16	0
TOTAL		173	11

In connection with the unsatisfactory samples, the facts were reported to the appropriate authority for investigation, and further samples taken were reported to be satisfactory.

Biological Examination of Milk

A periodical check of all milk sold in the Borough, particularly that which is not subjected to heat treatment, is made to ascertain its freedom from tubercle bacilli and brucella abortus. During the year the following samples were submitted to the Public Health Laboratory :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Untreated	Tubercle Bacilli	41	0
	Brucella Abortus	41	2
Total		82	2

The facts concerning the two unsatisfactory samples were reported to the appropriate authority for investigation at the farm. Further samples taken were reported to be satisfactory.

Antibiotics in Milk

The presence in milk of any antibiotics is medically undesirable because of the possible ill-effects on the health of a few individuals in the population.

Antibiotics are used widely in the treatment of mastitis in cows, and are excreted in milk for a period after treatment. Such milk, of course, should be withheld from the market as its sale might be held to be an offence under the Food and Drugs Act, but test cases may have to be taken in order to obtain an interpretation of the law in this respect.

No adverse reports regarding antibiotics were received in respect of the 41 samples of untreated milk submitted to the Public Health Laboratory for micro-biological assay.

Ice Cream—Production and Distribution

Registered premises or persons are as follows:—

Manufacturers (Hot mix)	6
Manufacturers (Cold mix)	3
Vendors (Pre-packed)	329
Vendors (Unwrapped)	42

10 samples of ice cream were taken and submitted for bacteriological examination. 9 samples were reported to be Provisional Grade 1 and 1 sample Provisional Grade 3. Visits were made and advice given to the manufacturers from whom the Grade 3 sample was taken, and further samples taken were reported to be satisfactory.

§ 6. INSPECTION OF MEAT AND OTHER FOODS

The following Table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals and ante-mortem examination whenever practicable.

Slaughtering Totals 1964

	Cattle	Calves	Sheep	Pigs	Total
Abattoir	13,009	982	31,669	16,364	62,024
Private Slaughterhouses ...	2,339	23	7,065	3,870	13,297
TOTAL ...	15,348	1,005	38,734	20,234	75,321

Carcases and Offal inspected and condemned in whole or in part.

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	12,764	2,584	1,005	38,734	20,234	—
Number inspected	12,764	2,584	1,005	38,734	20,234	—
All diseases except Tuberculosis and Cysticerci. Whole carcases condemned ...	11	50	28	143	116	—
Carcases of which some part or organ was condemned ...	1,065	29	13	414	897	—
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci	8.43	3.06	4.08	1.44	5.01	—
Tuberculosis only. Whole carcases condemned ...	1	2	—	—	—	—
Carcases of which some part or organ was condemned ...	52	—	—	—	56	—
Percentage of the number inspected affected with Tuberculosis	0.41	0.77	—	—	0.28	—
Cysticercosis. Carcases of which some part or organ was condemned ...	9	1	—	—	—	—
Carcases submitted to treatment by refrigeration ...	6	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

It should be noted from the above table that 7 bovine animals affected with cysticercosis were submitted for treatment by refrigeration. Those butchers whose cold storage accommodation is incapable of retaining the meat at the requisite low temperature, i.e. not exceeding 20 degrees F. (—7 degrees C.) for a period of not less than three weeks or at a temperature not exceeding 14 degrees F. (—10 degrees C.) for a period of not less than two weeks, are obliged to send affected carcases out of town. Suitable cold storage arrangements are available at Middlesbrough and Hartlepool, and the practice is to notify in the form of a certificate the public health inspector in either of those areas when a carcase is on its way, in order that he may confirm that it is submitted to appropriate treatment, and ultimately stamp it on its release from cold storage.

The Meat Inspection Regulations, 1963

All animals slaughtered during the year have been examined in the manner prescribed by the Regulations, and the carcases of all those found to be fit for human consumption have been stamped by the inspecting officers.

Charges have been made within the prescribed limits which, in Darlington, are calculated to cover the cost of the service, and have yielded an income as follows:—

Abattoir	£2,459	3s.	10d.
Pte. Slaughterhouses	£614	19s.	9d.
Total ...	£3,074	3s.	7d.

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 34 tons 3 cwts. 4 stones 1 lb. were found to be diseased or otherwise unfit for human consumption. Canned foods and other provisions having a total weight of 6 tons 6 cwts. 0 stones 0 lbs. were also found to be unfit for human consumption.

Among the many and varied cases of pathological interest encountered during the course of inspection, a case of tuberculosis is worthy of mention, especially in view of the very low incidence of tuberculosis as will be seen from the statistical table. This case occurred in a two year old heifer in which post mortem examination revealed tuberculous lesions throughout the carcase lymph nodes as well as in the substance of lungs and liver. The chronic nature of the condition indicated a possibility of its being congenital in origin, and it was reported to the Animal Health Division. By means of an ear tag, the Divisional Veterinary Officer was able to trace the producer, and to instigate further investigation.

Disposal of Condemned Food

Condemned meat and offal from the abattoir is collected by a processor specialising in the manufacture of technical oils and fats. The meat is transported in special vehicles equipped with lockable containers to receive the carcases, and as an additional precaution the latter are slashed and stained green.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the abattoir for collection as above, except in the case of the largest private slaughterhouses where a direct collection is made by the processor.

All other condemned food is surrendered at the Public Health Department where an employee opens out the larger tins and sorts out such food as is salvageable. This is placed in bins provided by a firm specialising in the processing for animal food of such waste material. and the bins are collected and replaced twice weekly.

Unsalvageable foods are disposed of by controlled tipping.

§ 7. OFFENSIVE TRADES

The number of offensive trades on the Register is as follows :—

2 Tripe Boiling.
2 Fat Refining.
1 Gut Scraping.
2 Rag and Bone Dealing.

Periodical complaints of offensive effluvia have been investigated at the premises of one fat melter. The nature of this business is such that it is impossible to reduce unpleasant smells to complete zero, but the occasions when the smells are obnoxious are infrequent, and usually occur during periods of exceptionally heavy loading, or through mechanical breakdown. The management is under an obligation to adopt the best practicable means to minimise offence, and they have always co-operated very well with this Department. During this year, the use in the processing of a chemical deodorant has done a great deal towards reducing unpleasant odours.

The encroachment of residential development upon the one-time remoteness of this factory will necessitate a careful supervision to ensure that the new residents are not offended by unpleasant atmospheric conditions.

§ 8. RODENT CONTROL

One full-time operative is employed to deal with the day-to-day business of extermination of rats and mice, but whenever the need arises, the disinfector is at hand to give assistance.

Business premises are charged with the cost of time and material, but no charge is made for the disinfestation of private dwellings. Charges in respect of treatments of business premises amounted to £76 0s. 4d. during the year.

Sewer treatments hitherto have been carried out under the control of this Department, and temporary staff have been employed for the purpose. Such staff has frequently proved to be unreliable, and it was decided, after the spring treatment, to enquire into the cost of employing a specialist firm. The enquiries revealed that there would be no appreciable difference in costs, and that we would perhaps obtain a more effective sewer treatment by the well-organised and experienced teams employed by a specialist firm, and the fact that fluoroacetamide would be used instead of warfarin. Arrangements therefore were made with Rentokil Laboratories Ltd. to enter into a contract to treat the sewers, and the first treatment was carried out in October. This consisted of the test-baiting and re-checking of 10% of the total number of sewer entrances in order that the firm could obtain an indication of the degree of infestation in all sections of the sewerage system.

I am hopeful that a more effective sewer treatment ultimately will result in a significant reduction in the number of surface infestations.

General

	Type of Property				
	L.A. Premises	Houses	Agricultural Property	Business Premises	Total
No. of properties in L.A. District	120	27,109	25	3,560	30,814
No. of properties found to be infested by rats					
(Major)	4	1	—	1	6
(Minor)	16	353	1	45	415
No. of properties found to be infested by mice					
(Major)	2	—	—	—	2
(Minor)	7	16	—	4	27
No. of visits made to above ...	107	1,606	9	161	1,883

§ 9. FACTORIES ACT, 1961

Part 1 of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	34	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	307	98	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	16	24	—	—
TOTAL ...	357	127	3	—

2. Cases in which **Defects** were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) (a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	3	1	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	3	1	—	3	—

Part VIII of the Act

Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Sec. 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prose-cutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prose-cutions
Wearing apparel Making, etc.	2	—	—	—	—	—
TOTAL ...	2	—	—	—	—	—

MISCELLANEOUS PROVISIONS

Slaughter of Animals Act, 1958

54 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses. The slaughtermen referred to have carried out their duties satisfactorily during the year.

Pharmacy and Poisons Act, 1933

There are 34 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

7 visits were made and advice given relative to storage, labelling and sale of the various poisons.

Common Lodging House

There is one Common Lodging House on the register at which 98 beds are available and six inspections were made during the year.

These premises are administered by the Salvation Army who appoint a representative as Deputy Keeper of the House. The present Deputy Keeper, Capt. S. Watts, succeeded Brigadier Lane who retired on the 29th October, 1964.

Pet Animals Act, 1961

During the year, licences were issued in respect of 1 shop and 4 market stalls.

45 inspections were made to ensure that the conditions attached to the licences were being observed.

Merchandise Marks Acts

These Acts are intended for the protection of home-produced goods rather than as a public health measure. Insofar as foodstuffs are concerned, the positive differentiation between imported and home produce presents the most frequent difficulty in administration. Advice on correct marking is given during routine visits to foodshops.

Rag Flock Act, 1961

There are no premises in the County Borough required to be registered under the provisions of this Act.

Fertilisers and Feeding Stuffs Act, 1926

The principal requirement of this Act is that fertilisers of the soil and animal feeding stuffs must, within narrow limits of variation, measure up in nature, substance and quality to the details given on the Statutory Statement to which every purchaser is entitled.

The Statutory Statements must also conform in detail to the prescribed information in relation to the numerous types of fertilisers and feeding stuffs.

4 formal and 10 informal samples of fertilisers and feeding stuffs were submitted for analysis.

Quality discrepancies were found in three formal and four informal samples. A letter of warning was sent to the vendor of the feeding stuffs from which two of the formal samples were taken, and the result of the third formal sample was discussed by the Health Committee which, in consideration of the circumstances, decided that no further action be taken.

Particulars of an informal sample of feeding stuff were sent for investigation to the authority in whose area it was produced.

Animal Boarding Establishments Act, 1963

The purpose of this Act which came into operation on the 1st January, 1964 is to control and license premises where the main activity is the boarding of other people's cats and dogs.

Two such licences are at present in force.

Riding Establishments Act, 1964

The Act came into operation on the 1st April, 1965 and provides for the licensing of riding establishments.

The local authority may, after first considering a report on the premises by a veterinary practitioner or surgeon, grant a licence incorporating such conditions as it thinks necessary.

County Borough of Darlington

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1964

Wm Dresser & Sons Ltd. Crown Street Darlington

ANNUAL REPORT, 1964

School Clinic,
Feethams,
Darlington.

To the Chairman and Members
of the Education Committee.

Ladies and Gentlemen,

I have the honour once more to submit my Annual Report on the School Health Service this time for the year 1964. It is presented in its usual form and I would like to direct your preliminary attention to certain matters.

In the first place in respect of staff. Dr. J. L. Stewart was appointed as School Medical Officer and Assistant Medical Officer of Health on 1st July, when Dr. W. E. Hutchinson, after a very helpful period of temporary service, left to take another appointment.

Among the School Health Visitors, Mrs. R. A. Nichol and Mrs. J. Robinson returned from training with their certificates and were duly appointed as full members of your staff, while Mrs. D. G. Glanfield, Miss A. B. Russell and Miss J. M. Rutter, who had previously shown their worth in assistant appointments, were sent for training under the scheme sponsored by the Corporation. To take the vacant place, Mrs. M. Lord was appointed as School Nurse. In the first instance this was on a temporary basis. One may note in passing the retirement of Miss A. Thornton who, though she was never very closely concerned with the School Health Service, was highly respected by everyone she met.

In the sphere of Child Guidance, Mr. John Gordon was appointed as Psychologist to take the place of Dr. L. F. Mills who went to a more senior post in Newcastle and we were glad in respect of speech therapy to receive the help of Miss R. Cushway who was appointed on a sessional basis. Reports from the Child Guidance Clinic and from the Speech Therapist are of course included in the contents of this Annual Report.

I should like to draw your attention to the experiment of selective medical inspections at the Haughton and Springfield group of schools. This was a new departure for Darlington though it has been tried in a number of other authorities and it was given to School Medical Officer, Dr. E. M. Osborne.

Further mention of this work will be found in the body of the report and it is expected to be able to publish a review of it, perhaps in the Annual Report for 1965 on the completion of a two year observation period.

My thanks as ever are due to all colleagues by whose co-operation a most successful year was happily accomplished. Particularly to my Deputy, Dr. W. Mary Markham, who has compiled this report and who supervises on your behalf the School Health Service. As you know, Dr. Markham acquired in the past very considerable paediatric experience and you are indeed fortunate to possess her services.

To you also, Ladies and Gentlemen, I should like to express the thanks of your staff and myself for your continued interest and support.

I have the honour to remain,

Your obedient Servant,

JOSEPH V. WALKER.

MEMBERS OF THE EDUCATION COMMITTEE

Coun. J. W. Skinner, C.M.I.W.Sc. (Chairman).

Coun. E. Shuttleworth (Vice-Chairman) (from June, 1964).

Ald. A. J. Best, O.B.E., J.P.
Ald. H. Hannah.
Ald. R. H. Loraine, J.P.
Ald. A. M. Porter, J.P.
Ald. F. Thompson.
Coun. J. E. Angus, J.P.
Coun. The Rev. M. A. Beaton (to May, 1964)
Coun. A. Brown.
Coun. Mrs. M. Cottam
Coun. T. Donnelly, J.P.
Coun. R. P. Ekins, A.R.C.Sc., B.Sc.
Coun. C. Hutchinson
Coun. E. Jackson, J.P.
Coun. P. Jameson
Coun. Mrs. G. W. Raine.
Coun. C. Spence (Vice-Chairman to May, 1964)
Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer
Joseph V. Walker, M.D., M.R.C.P., D.P.H.

Deputy Principal School Medical Officer
W. Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

School Medical Officers
Elaine M. Osborne, M.B., Ch.B., D.P.H., D.R.C.O.G., D.C.H.
W. E. Hutchinson, O.B.E., M.D., D.P.H. (till 30.6.64).
J. L. Stewart, M.D., Ch.B. (from 1.7.64).

Principal School Dental Officer
J. McAra, L.D.S., R.C.S.

School Dental Officer
P. Waterfall, L.D.S., R.C.S.

Consultant Anaesthetist
A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time).

Consultant Ophthalmologists
J. L. Wilkie, M.B., Ch.B., F.R.C.S.Ed. (part-time).
J. McClemont, M.B., Ch.B., D.O.M.S. (part-time).

Consultant Physician in Physical Medicine
D. R. L. Newton, M.R.C.P.(Lond.), D.Phys.Med. (part-time).

Educational Psychologist
John Gordon, M.A., B.Ed. (from 1.4.64).

Consultant Psychiatrist
L. W. Robinson, M.B., Ch.B., D.P.M. (part-time).

Social Worker
Mrs. C. M. Ruddock (part-time).

Teacher of the Deaf
Miss T. Sproates.

Speech Therapist
Miss R. Cushway (part-time) (from 31.8.64).

Physiotherapist
Mrs. D. E. Parkin (part-time).

Superintendent School Health Visitor
Miss E. Winch, 1a, 2, 3, 4.

School Health Visitors

Mrs. E. Allan, 1a, 2, 3.
Mrs. D. Barry, 1a, 2, 3.
Mrs. M. Crisp, 1a, 2, 3.
Mrs. C. H. Ellis, 1a, 2, 3.
Miss E. Jackson, 1a, 2, 3.
Mrs. R. A. Nichol, 1a, 2, 3.
Miss D. S. Owen, 1a, 2 (part 1), 3.
Mrs. J. M. Preston, 1a, 2, 3.
Mrs. J. Robinson, 1a, 2, 3.
Miss D. Smith, 1a, 2, 3.
Mrs. M. D. Whalen, 1a, 2 (part 1), 3.

Assistant School Health Visitors

Mrs. M. Lord, 1a (from 21.9.64)
*Mrs. D. G. Glanfield, 1a, 2 (part 1).
*Miss A. B. Russell, 1a, 2 (from 16.3.64).
*Miss J. M. Rutter, 1a, 2 (from 16.3.64).
* As Student Health Visitors from 1.10.64.

Clerks

Miss A. C. Smith (Senior Clerk).
Miss M. Langhorne.
Miss M. Stobart.
Miss M. Allen.
Miss B. Gregg.

1. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Society for the Promotion of Health.
4. Nursing Administration Certificate of the Royal College of Nursing.

GENERAL INFORMATION

School Population

Nursery Schools and Classes	405
Primary	6,973
Secondary	5,417
Special	197
Total	12,992

SCHOOL MEDICAL EXAMINATIONS

The pattern of childhood disorders has changed considerably since school medical examinations were originally instituted. The majority of children are healthy and physical illness or handicaps are usually diagnosed and treated early and where necessary special education is provided. There are, however, many deviations from the normal which are noticed by teachers and others which only come to light when parents are given an opportunity to discuss the child with a doctor who is not primarily concerned with illness. This is an aspect of the School Medical Service of which parents are not aware until they come to a "routine medical". Preliminary screening by means of a questionnaire for selective examination may deprive the child of this unless the questions are worded very carefully and the teachers are well briefed and interested.

This year a pilot scheme has been instituted in the Haughton and Eastbourne areas. A Medical Officer has attended at the clinic weekly throughout the year. On each visit part of the session has been taken up with "routine examination" of entrants to primary schools and leavers from the secondary school at Haughton. The remainder of the time was given to "selected" children. These were referred by parents, teachers or health visitors and were seen by appointment. The teachers also knew that urgent problems could be dealt with and the doctor was available for consultation. At the same time, a daily minor ailments clinic was conducted by the health visitor for the area. Thus the medical and nursing cover has been considerably improved and increased. The facilities have been appreciated in the Haughton Schools particularly, as children no longer have to travel into the Central School Clinic for treatment for minor ailments. Medical examinations can be carried out more efficiently and comfortably in the clinic than in the schools where no provision is made for them.

Special examinations such as are required for the ascertainment of handicapped children are carried out at the central clinic and also for part-time employment of school children. College entrants, teachers and other employees are also seen at the central clinic.

School children for part-time employment ...	313
College entrants	71
Teachers and others	67

MINOR AILMENTS CLINIC

Attendances during the year increased considerably. This is not due to an increase in ailments but to improved facilities for dealing with them. A child who can attend a peripheral clinic with little disturbance of school attendance or fears for his safety on the journey, is more likely to accept treatment than one who must attend the Central School Clinic. In some cases the parents are relieved of the responsibility of taking action and this results in not only warts being dealt with but much more efficient treatment of discharging ears and skin infections is possible. Head Teachers and parents also know that they can obtain advice on many health problems quickly by contacting the health visitor at the clinic.

Clinic Hours

Central School Clinic, Feethams ...	9—10 a.m. daily
Springfield Clinic, Salters Lane South ...	9—10 a.m., daily except Monday
Skerne Park Clinic, Coleridge Gardens ...	9.30—10 a.m. daily.
Alderman Leach Clinic, Leach Grove ...	1.30 p.m.—2 p.m. on Tuesday and Thursdays

Attendances during the past five years

1964	—	4,031
1963	—	2,784
1962	—	3,691
1961	—	3,049
1960	—	3,261

Defects Treated during the past five years

	Skin conditions	*Eye conditions*	*Ear, Nose and Throat conditions*	*Miscellaneous conditions*
1964 ...	303	38	36	268
1963 ...	256	20	30	228
1962 ...	267	22	24	354
1961 ...	195	12	32	360
1960 ...	209	18	58	287

SPECIAL SCHOOLS

Salters Lane Open Air School

The number of children requiring admission to this school remains about the same and this year the general pattern of the school has not changed. This is a tendency for a few children to be admitted who are classed as "delicate" but more properly could be described as maladjusted. They benefit from the individual care which is available and particularly from the very permissive atmosphere of the school in which their difficulties are tolerated and understood and hence their tension and fears dissipated. Their confidence can then be built up and as with the physically handicapped children they are enabled to take a satisfactory place in the community.

Dr. Newton continues to give valuable advice in the school and where necessary arranges for further treatment or equipment. Physiotherapy and speech therapy is given regularly. The School Nurse and Nursing Assistant attend daily. This year in addition to providing excellent school dinners for all as usual, the Kitchen Staff have had their ingenuity exercised as several children have required special diets.

At the end of the year, 88 children were attending. Of these, 63 were classed as delicate, 22 as physically handicapped, 2 as partially hearing and one partially sighted.

Barnard School for Educationally Subnormal Pupils

Again the waiting list has increased. Children cannot be admitted early enough to get the full benefit of the special school and many after two years of frustration and failure have lost the desire to learn and can only partially regain it. The staff too feel they are fighting a losing battle and the good results they achieve are at too high a price. The new craft room and hall have made a wider curriculum possible and from the medical point of view the improved facilities for physical education are a great asset. The children enjoy this and also swimming which add to their self-confidence in comparison with their fellows in other schools.

During the year, 15 new pupils were admitted including 3 who moved in from other authorities. One was ascertained as unsuitable for education at school, one transferred to an ordinary school, one transferred to a residential school and one to the Open Air School, 10 left on attaining 16 years of age and 2 left the town.

Handicapped Children attending Schools outside the County Borough

Blind and Partially Sighted—10 in Residential Special Schools.

Deaf and Partial Hearing—8 in Residential Special Schools and 11 travel daily to Middlesbrough School for the Deaf.

Delicate—4 in Residential Special Schools.

Physically Hadicapped—3 in Residential Special Schools.

Educationally Subnormal—14 in Residential Special Schools.

Maladjusted—4 in Residential Homes.

Epileptic—2 in Hospital Special Schools.

Handicapped Children in Normal Schools

Many children suffering from chronic disabilities are able to attend normal schools. These include 8 epileptics and 35 with other physical disorders.

Home Tuition

This has been arranged for 11 children during the year for varying periods of time and many different types of disability. There is one child with multiple defects who is never likely to be able to attend school.

ILLNESS AMONGST SCHOOL CHILDREN

Notifiable Infectious Disease Amongst School Children

	Cases
Measles	212
Food Poisoning	3
Whooping Cough	28
Dysentery	2
Infective Hepatitis	21
Scarlet Fever	30
Post Measles Encephalitis	1

Children Admitted to Hospital

As in previous years an analysis of school children admitted to hospital is submitted:—

Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids	213
Otitis Media	2
Treatment of other conditions...	52

Diseases of the Eye

Operative correction of squint	9
Other conditions, including injuries	3

Acute Surgery

Appendicitis	26
Osteomyelitis	5
Other acute conditions	4

Non-Acute Surgery

	Cases
Orthopaedic procedures	22
Hernia Repairs	10
Dental operations	7
Circumcision	12
Other conditions	26

Various Medical Conditions

Diabetes	4
Epilepsy	1
Other conditions	57

Infectious Diseases

Scarlet Fever	2
Chickenpox	2
Measles	7
Meningitis	1
Pneumonia	1
Glandular Fever	1

Accidents

Burns and Scalds	4
Fractures and Dislocations	25
Foreign Bodies	1
Other Injuries	60

Skin Conditions ... 3

The following Deaths occurred amongst School Children

Broncho-Pneumonia	1
Osteo-sarcoma of Humerus	1
Parotid Tumour	1
Right Parietal Spongioblastoma	1
Accidents	3

IMMUNISATION

At school entry the child's immunisation record is reviewed. Reinforcing injections are offered and primary immunisation is offered where necessary. In particular, primary immunisation against tetanus is advised for the children who had their primary course of diptheria and pertussis prophylaxis before the triple antigen was introduced.

Primary immunisation against Tetanus and Diphtheria	28
Reinforcing injections	969
Vaccination against Poliomyelitis—reinforcing doses	720

This year B.C.G. vaccination was offered to children born in 1952 and 1953. Consent was given in 88.3%, i.e., 1,906 acceptances and 255 refusals. The number of positive reactors found on testing was 362 which is 19.0%. Vaccination was also offered to students at the College of Further Education and Darlington Training College for Teachers.

SCHOOL MEALS SERVICE

Of the 1,357,649 meals taken by school children, 132,586 were provided free. The average distributed per day was 6,788. 2,208,549 bottles of milk were supplied.

Specimen Menu

Monday

Minced Beef, Yorkshire Pudding, Butter Beans, Mashed Potatoes, Gravy.
Rhubarb Crumble and Custard.

Tuesday

Braised Liver and Onions, Cabbage, Mashed Potatoes, Gravy.
Ginger Bread Pudding, Sweet White Sauce.

Wednesday

Roast Lamb, Mint Sauce, Turnip, Mashed and Baked Potatoes, Gravy.
Date Sponge and Custard.

Thursday

Soup, Luncheon Meat, Winter Salad, Mayonnaise, Bread.
Biscuits.

Friday

Fried Fish, Parsley Sauce, Peas, Potatoes.
Fruit Flan, Custard.

DENTAL REPORT

The Principal School Dental Officer, Mr. J. McAra, has reported as follows:—

As regards the work done in the Clinic during the year, there is little to comment upon. The routine treatment has gone on as usual and there has again been an increase in the number of school inspections, attendances for treatment and also in the number of children requesting treatment.

As this is the last report which I shall make, I would like to take this opportunity of offering my thanks to all those who have helped to make my post during my years of service a pleasant one. To the Members of the Education Committee for their help and for the confidence they have shown in me, for the support, advice and practical assistance given by Dr. Walker and the medical staff with whom there has always been the most cordial relationship. In the Dental Department I have also received the most valuable assistance from the staff and I would like particularly to thank Mr. Waterfall, Dr. Wright, Miss Langhorne and Miss Allen for their loyalty, their help and the pleasant way they helped in the efficiency of the Centre.

I am only sorry that ill-health has compelled me to relinquish my post but I feel that it is in the best interests of the Clinic.

OPHTHALMIC CLINIC

Weekly sessions were continued by Mr. Wilkie and Mr. McClemont. New equipment and redecorated premises has made the work much easier and the waiting list has been kept under reasonable control.

Mr. McClemont comments that "the children seem to be attending without many absentations, which I suppose must speak fairly well of the satisfaction of the people who are attending."

During the year there were 808 attendances, of which 674 had errors of refraction. Glasses were prescribed in 395 cases.

CHILD GUIDANCE

The Educational Psychologist, Mr. John Gordon, reported as follows:—

There was one change in the Clinic Staff during the year, when Mr. John Gordon was appointed to the vacant post of educational psychologist and, leaving service with Durham County Council, assumed his duties in the Borough on 1st April.

The staff now consists of:—

Consultant Psychiatrist: Dr. L. W. Robinson, M.B., Ch.B., D.P.M.

Educational Psychologist: Mr. J. Gordon, M.A., B.Ed.

Psychiatric Social Worker: Mrs. C. M. Ruddock, A.M.I.A.

Secretary: Miss M. Thornberry.

During the first quarter of the year the help of the School Medical Officers in carrying out essential testing was greatly appreciated.

Despite further temporary staffing difficulties, when Dr. Robinson was off duty after being injured in a car accident and when Mrs. Ruddock was in hospital for a few weeks, 187 new cases referred were seen at the clinic. This is the average number over the past few years; and the proportion of boys to girls remains similar at approximately 3 boys to every 2 girls. Of the new cases, the D.P.S.M.O., Durham, referred 8, of whom 6 are now receiving treatment; advice was given in the seventh case and initial investigation into the eighth is proceeding.

The following table shows the variety of sources of referral:

Chief Education Officer	15
School Medical Department	93
Head Teachers	26
Children's Officer	2
Parents	25
Family Doctors	10
Hospital Consultants	1
Consultant Psychiatrist	1
Juvenile Bench	3
Probation Officers	2
Health Visitors	1
School Medical Department—Durham	8
	187

The causes of referral are grouped under the six headings suggested in the "Report of the Committee on Maladjusted Children" (S.O. 1955). A few words of explanation of the headings are given below.

(i) **Nervous Disorders**

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders fall into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness, and who dread going to school.

(ii) **Habit Disorders**

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

(iii) **Behaviour Disorders**

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves, but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour, romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

(iv) **Organic Disorders**

Whereas the disorders described above are expressions or symptoms of psychological disturbances in this category the symptoms are produced either by some physical defect or by physical changes, usually in the brain or spinal cord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are generally already under medical surveillance.

(v) **Psychotic Behaviour**

This might be simply and comprehensively described as conduct which is so profoundly disturbed that disruption of the normal patterns of development takes place at all levels, intellectual, social and emotional. Such children are often described as living in a world of their own. They fail to achieve normal relationships with other people or things, and are thus often remote, solitary, incontinent, sleepless, unoccupied, and ineducable. Fortunately, few children fall into this category.

(vi) **Educational Difficulties**

This category is comprised almost entirely of the cases referred because of poor educational progress and where the cause appears to be low intelligence, and where the educational retardation is sufficient to require a decision to be made with regard to special educational treatment.

Causes of Referral in 1964

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational/ Vocational (vi)	Totals
Boys ...	25	22	35	—	—	30	112
Girls ...	24	8	19	—	—	24	75
Totals	49	30	54	—	—	54	187

The categories are not always exclusive, but the children have been classified according to what appeared to be the predominant symptoms at the time of referral.

Of the children in the educational/vocational category, 27 were found to need education in a special school and 5 were considered to be unsuitable for education in school.

Some children require to attend the clinic for only a short period and in some instances assessment and advice are all that is required; but in about a third of the cases seen longer terms of treatment prove necessary.

By the end of the year the number of cases on the waiting list had been reduced to fair proportions, only 14 not having yet been seen, while initial investigation was proceeding in a score of cases.

The staff of the Child Guidance Clinic wishes to thank the Chief Education Officer and his staff, the Principal School Medical Officer and his staff, the Head Teachers and staffs of schools, and those organisations and individuals who by their support and co-operation have contributed to the success of the year's work.

DEAF CHILDREN

Miss T. Sproates, Teacher of the Deaf, reports as follows:—

Mrs. Emery our part-time Speech Therapist, left the service in December, 1963, this meant an increase in the number of children with speech defects to be seen by the Teacher of the Deaf.

There was also an increase in the number of children referred to the Clinic for tests of hearing and those requiring regular review, which made it impracticable to arrange Sweep Frequency Tests of Hearing in schools.

In September 1964 Miss Cushway was appointed part-time Speech Therapist but it is hoped that in the near future she will assume full responsibility for all children with speech defects, not associated with a hearing loss. This should enable routine Hearing Tests to be resumed in 1965.

Cases dealt with during the year

Children Suspected of Partial Hearing who were referred for Audiometric Examination

Sources of referrals

School Medical Officers	103
Chief Education Officer	2
Educational Psychologist	7
Head Teachers	12
Parents	12
Total ...	136

Children Suspected of Educational Subnormality

No. referred by the School Medical Officers—38.
No. found to have a hearing loss—5.

Children known to have a hearing loss but not ascertained as Partially Hearing

No. reviewed from previous years—150.
No. found to have a hearing loss during 1964—65.

Treatment

No. of children with impaired hearing who received instruction in Lip-reading and/or Speech improvement—28.
No. transferred to Schools for the Deaf—4.

During the latter part of the year, a number of sessions for Hearing Tests had to be abandoned because of noise from demolition work in East Street. Apart from this, there has been a definite increase in extraneous noise in the area adjacent to the Clinic. It is due mainly to cars and lorries using the parking space at the end of Poplar Road and makes testing slow and difficult.

Speech Defects (not associated with a hearing loss)

No. of children who received help from the Teacher of the Deaf—26.
No. discharged in December, 1964—5.
No. transferred to special schools (residential)—1.

Treatment in Special Schools

Barnard School—12.
Salters Lane Open Air School—3.

Conclusion

I should like to express my thanks to the Chief Education Officer and his staff, the Principal School Medical Officer and his staff and Head Teachers for their help and co-operation throughout the year.

SPEECH THERAPY

Miss R. Cushway, Speech Therapist, reports as follows:—

The Speech Clinic was re-opened in September 1964 for six sessions per week, and since December for the full ten sessions per week.

On my arrival the figures showed:—

Waiting list	48
Observation	33
Receiving Treatment	11

The immediate aim was to find out which of these children most urgently required treatment; firstly by interviewing those cases already on the clinic register, and secondly by seeing as many children as possible in school.

During the last four months 63 cases have been interviewed in the clinic, and of these cases:—

Admitted for Treatment	19
Kept on Observation	22
Put on Waiting List	8
Treatment not required	1
Discharged	13

Of the nineteen children admitted one case has since been suspended and one case has left the town.

Since September 11 schools have been visited and 108 children seen in school. A number of these children had received treatment previously and were maintaining satisfactory progress; others were referred with a view to the possible need for speech therapy. The majority of cases which come to me, however, are referred by the School Medical Officers.

By the end of December the clinic was fairly well established but the high non-attendance rate continued. On December 31st this stood at 29% of all appointments made.

The figures at the end of the year showed:—

Waiting List	38
Regular Treatments	17
Observation	38
Total Number Discharged	20

I should like to express my thanks to the Chief Education Officer and his staff; the Principal School Medical Officer and his staff; and the Head Teachers for their help and co-operation.

PHYSICAL EDUCATION

The Organiser of Physical Education, Mr. A. I. Cameron, reports as follows:—

General

The twenty years since the war have seen a gradual development and widening of horizons taking place in the concept of Physical Education and its place in the educational system as a whole.

The scope of the work has grown far beyond the gymnasium and the playing field. The countryside, the hills and the rivers now play an important part in the education of the child.

Educationists have been able to travel all over the world seeking ideas for improvement at home. The world of sport, aided by the advent of television, has brought into homes, even from the other side of the world, the best of a tremendous variety in the field of physical endeavour.

The impact on sport in general, and in the type of activities carried out in schools by this broadening of vision has been tremendous.

Amenities

The biggest stride forward has been in the provision of facilities for Physical Education, for which too little has been provided in the past. Indoor halls, gymnasia, playing fields and equipment have improved immensely in design, quality and number.

It is now easier to travel. Indeed the virtues of special buses to transport pupils to and from swimming baths and playing fields is now established. How much better it would be to have these facilities on the doorstep.

Health

Children are much healthier, due mainly to better living conditions. The part that Physical Education has played to reach this state should not be underestimated. It has played a major role in educating pupils to give more consideration to their physical development and well-being.

The changing of clothes for physical activities and the provision of showers and washing facilities after activities have had a considerable effect on cleanliness.

Indoor activities are carried out in bare feet where practicable, in order to give natural freedom of exercise to the feet. It has been ascertained that about 50% of children are suffering from foot defects, and what is more alarming that 75% of school leavers have some defect or another. Most pupils have a deviation of the big toe which tends to develop into a bunion at an early age.

There is no doubt that the unsatisfactory type of footwear is the cause of this. The shape and angle of the front part of the shoes chosen by a large percentage of parents are entirely unsuitable during the bone formation period. They are, in fact, bunion makers and the tendency is even more evident among girls.

They little realise the consequences of bad footwear.

Talks on health and hygiene are part of the Physical Education programme, and children are very receptive to any ideas which will help them to discover more about the wonders of their bodies.

Activities

Recent years have seen the introduction in schools of activities such as Archery, Olympic Gymnastics, Canoeing, Boat-building, and even Golf is receiving some attention. In the upper forms of secondary schools, pupils are being offered a choice of activities, which is a different cry from the old "Sergeant Major" days.

The lack of proper facilities for modern Athletics has had a very restrictive influence on this sport. The Longfield Stadium will undoubtedly prove a wise acquisition as its development continues.

The same could be said about other activities. No one is more aware of the deficiencies than the Local Education Authority. The financial limits on spending laid down by the Department of Education and Science have not made it possible to develop the constant flow of ideas for the addition or improvement of facilities. Indeed these financial limits have prevented attempts to re-model old facilities to bring them up to current standards generally.

Conclusion

The enthusiasm for all forms of sport is always evident in the schools, tempered only by the shortage of proper facilities and expert knowledge. The friendly rivalry which exists among schools is indicative of the high regard with which Physical Education and sport in general is held.

APPENDIX TABLES

PART I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Periodic Medical Inspections.

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later	182	182	—	—	—	20	20
1959	764	761	3	—	3	101	102
1958	596	595	1	—		80	82
1957	35	35	—	—	—	4	4
1956	35	35	—	—	1	8	9
1955	19	19	—	—	—	3	3
1954	422	422	—	—	33	48	77
1953	466	466	—	—	23	53	73
1952	149	149	—	—	13	21	30
1951	9	9	—	—	1	8	8
1950	79	79	—	—	2	12	13
1949 & earlier	1,192	1,192	—	—	65	90	148
TOTAL	3,948	3,944	4	—	143	448	569

Col. (3) total as a percentage of Col. (2) total 99.90%

Col. (4) Total as a percentage of Col. (2) total 0.10%

TABLE B. Other Inspections.

Special Inspections	1,672
Re-Inspections	212
Total ...	1,884

PART II. Defects found by Periodic and Special Medical Inspection during the Year.

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	13	16	30	59	35
		O	13	15	18	46	9
5	Eyes—*a* Vision	T	5	66	72	143	24
		O	4	6	21	31	6
	b Squint	T	27	—	18	45	11
		O	4	—	4	8	3
	c Other	T	3	2	3	8	13
		O	6	18	3	27	3
6	Ears—*a* Hearing	T	9	12	17	38	46
		O	16	—	8	24	21
	b Otitis Media	T	7	1	5	13	2
		O	—	—	—	—	—
	c Other	T	5	5	2	12	17
		O	7	3	6	16	6
7	Nose and Throat	T	36	13	26	75	64
		O	135	7	85	227	71
8	Speech	T	13	1	3	17	35
		O	80	—	29	109	45
9	Lymphatic Glands	T	7	1	2	10	9
		O	37	1	25	63	15
10	Heart	T	5	1	4	10	5
		O	12	7	3	22	5
11	Lungs	T	10	2	13	25	31
		O	32	7	18	57	21
12	Developmental *a* Hernia	T	2	—	—	2	5
		O	1	1	3	5	—
	b Other	T	7	7	8	22	8
		O	23	1	11	35	7
13	Orthopaedic *a* Posture	T	1	1	—	2	5
		O	7	2	7	16	11
	b Feet	T	9	2	7	18	14
		O	44	9	40	93	24
	c Other	T	4	4	9	17	26
		O	31	5	32	68	16
14	Nervous System *a* Epilepsy	T	3	1	2	6	9
		O	1	—	1	2	3
	b Other	T	5	1	1	7	9
		O	1	—	5	6	2
15	Psychological— *a* Development	T	—	11	39	50	46
		O	5	1	7	13	26
	b Stability	T	14	9	19	42	69
		O	64	5	48	117	59
16	Abdomen	T	3	5	4	12	5
		O	1	2	11	14	5
17	Other	T	7	8	4	19	67
		O	6	1	9	16	18

PART III. Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	51
Errors of refraction (including squint)	674
Total ...	725
Number of pupils for whom spectacles were prescribed	395

TABLE B. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	213
(c) for other nose and throat conditions	32
Received other forms of treatment	87
Total ...	335
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1964	4
(b) in previous years	10

TABLE C. Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	47
(b) Pupils treated at school for postural defects ...	—
Total ...	47

TABLE D. Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I).

	Number of cases known to have been treated
Ringworm (a) Scalp	1
(b) Body	2
Scabies	17
Impetigo	11
Other skin diseases	315
Total ...	346

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	245

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	43

TABLE G. Other Treatment given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	284
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C G. vaccination	1,525
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds	4
Injuries	60
Various Surgical Repairs and Procedures ...	131
Total ...	2,004

TABLE C. Infestation with Vermin.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	30,748
(b)	Total number of individual pupils found to be infested	494
(c)	Number of individual pupils in respect of whom cleansing notices were issued Section 54(2), Education Act, 1944	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued Section 54(3), Education Act, 1944	—

TABLE D. Screening Tests of Vision and Hearing.

1.	(a)	Is the vision of entrants tested?	Not as a routine.
	(b)	If so, how soon after entry is this done?	—
2.		If the vision of entrants is not tested, at what age is the first vision test carried out? ...	At 8 years of age.
3.		How frequently is vision testing repeated throughout a child's school life?	Repeated at 10-11 years and 14-15 years.
4.	(a)	Is colour vision testing undertaken? ...	Yes.
	(b)	If so, at what age?	14-15 years.
	(c)	Are both boys and girls tested?	Boys only.
5.		By whom is vision and colour testing carried out?	School Medical Officer and Health Visitor.
6.	(a)	Is audiometric testing of entrants carried out?	Yes.
	(b)	If so, how soon after entry is this done?	During first year.
7.		If the hearing of entrants is not tested at what age is the first audiometric test carried out?...	—
8.		By whom is audiometric testing carried out?	Teacher of the Deaf.

PART IV. Dental Inspection and Treatment carried out by the Authority.

(a) **Dental and Orthodontic work.**

(1)	Number of pupils inspected by the Authority's Dental Officers:	
	(i) Periodic	4,099
	(ii) Specials	1,241
	Total (1) ...	5,340
(2)	Number found to require treatment	3,415
(3)	Number offered treatment	3,415
(4)	Number actually treated	2,029

(b) **Dental work (other than orthodontics)**

(1)	Number of attendances made by pupils for treatment excluding those recorded at (c) (1) below	5,006
(2)	Half days devoted to:	
	(i) Periodic (School) Inspection	33
	(ii) Treatment	823
	Total (2) ...	856
(3)	Fillings:	
	(i) Permanent Teeth	2,555
	(ii) Temporary Teeth	21
	Total (3) ...	2,576
(4)	Number of Teeth Filled:	
	(i) Permanent Teeth	2,555
	(ii) Temporary Teeth	21
	Total (4) ...	2,576
(5)	Extractions:	
	(i) Permanent Teeth	994
	(ii) Temporary Teeth	2,605
	Total (5)	3,599
(6)	(i) Number of general anaesthetics given for extraction	1,396
	(ii) Number of half days devoted to the administration of general anaesthetics by:	
	A. Dentists	—
	B. Medical Practitioners	102
	Total (6) ...	102

(7) Number of pupils supplied with artificial teeth... . .	16
(8) Other operations:	
(i) Crowns	—
(ii) Inlays	—
(iii) Other Treatment	628
Total (7) ...	628

(c) **Orthodontics**

(i) Number of attendances made by pupils for orthodontic treatment	1,350
(ii) Half days devoted to orthodontic treatment	96
(iii) Cases commenced during the year	43
(iv) Cases brought forward from the previous year ...	39
(v) Cases completed during the year	25
(vi) Cases discontinued during the year	2
(vii) Number of pupils treated by means of appliances ...	71
(viii) Number of removable appliances fitted	70
(ix) Number of fixed appliances fitted	—
(x) Cases referred to and treated by Hospital Orthodontics	1